

# Design and Engineering Practitioners Professional Indemnity Insurance Policy



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# Introduction

Please read the policy carefully to ensure that it meets your requirements. It is written on a claims made and notified basis, which means that, subject to the 'Continuous Cover' clause, it will only respond to claims first made against the insured and notified to the insurer during the policy period (or notified in accordance with the terms of any applicable additional or extended reporting period).

Any word or expression to which a specific meaning has been attached will have that specific meaning wherever it appears.

You received important notices about your duty of disclosure, unusual terms in professional indemnity insurance policies and our privacy statement prior to purchasing this policy. The notices are replicated at the back of this document for your reference. A reference to "you" or "your" in the notices at the back of this document includes the Insured.

## Policy wording

### A. Agreement between policyholder and the insurer

The **Policyholder** and the **Insurer** agree that the **Insurer** will provide insurance in accordance with the terms of this **Policy** as set out below.

### B. Where 'prior consent' is required from the insurer

There are some covers under the **Policy** where the **Insured** will need to obtain the **Insurer's** prior consent, for example, before incurring costs. Where prior consent is required, consent must be obtained from the **Insurer**, unless the extension 7.5 'Emergency insured costs and inquiry costs' applies or is otherwise specified in the **Policy**. The **Insurer's** consent will not be unreasonably withheld or delayed.

Where prior consent has not been obtained as required, it does not mean the **Insured** cannot make a claim. However, the **Insurer** may be able to reduce the claim payable by an amount that fairly represents the extent to which the **Insurer's** interests were prejudiced by the failure to obtain prior consent.

### C. Payment of reasonable amounts of any costs, charges, expenses and fees under this policy

A range of different costs, charges, expenses and fees are covered under this **Policy**. Unless otherwise specified in the **Policy**, the **Policy** provides cover for the 'reasonable' amount of such cost, charge, expense or fee. Reasonable amount means an amount that is fair, proportionate and not excessive and where the **Insured** has given reasonable consideration in the circumstances of the different courses of action available prior to incurring the amount and the course of action taken was prudent in that context.

Where consent is required before incurring such costs, when the **Insured** contacts the **Insurer** to seek the **Insurer's** consent, the **Insured** can let the **Insurer** know the steps it has taken to consider the courses of action available and discuss the circumstances with the **Insurer**. If the amounts which are to be incurred are reasonable in the circumstances, the **Insurer** will provide consent for the costs to be incurred.

### D. Policy terms

#### 1. Insuring clause

The **Insurer** will indemnify the **Insured** against civil liability for compensation and **Claimant's Costs** in respect of a **Claim** first made against the **Insured** during the **Policy Period** and notified to the **Insurer** during the **Policy Period** resulting from the conduct of the **Professional Services**.

#### 2. Limit of indemnity and maximum aggregate limit of indemnity

The liability of the **Insurer** for compensation and **Claimant's Costs** in respect of any one **Claim** first made against the **Insured** and notified to the **Insurer** during the **Policy Period** will not exceed the **Limit of Indemnity**.

The aggregate liability of the **Insurer** under this **Policy** will not exceed the **Maximum Aggregate Limit of Indemnity** for all **Claims** first made against the **Insured** and notified to the **Insurer** during the **Policy Period**.

#### 3. Insured costs

3.1 If the 'Basis of Limit' in the **Schedule** is specified as 'Costs in Addition':

- (a) subject to paragraph 3.1(b), the **Insurer** will, in addition to the **Limit of Indemnity**, pay reasonable **Insured Costs** incurred with the **Insurer's** prior consent in connection with a **Claim** under this **Policy**; and
- (b) the liability of the **Insurer** for **Insured Costs** in respect of any one **Claim** will not exceed an amount equal to the **Limit of Indemnity**.

3.2 If the 'Basis of Limit' in the **Schedule** is specified as 'Costs within Limit':

- (a) subject to paragraph 3.2(b) the **Insurer** will pay reasonable **Insured Costs** incurred with the **Insurer's** prior consent in connection with a **Claim** under this **Policy**; and
- (b) the liability of the **Insurer** for compensation, **Claimant's Costs** and reasonable **Insured Costs** in respect of any one **Claim** will not exceed the **Limit of Indemnity** and the liability of the **Insurer** for compensation, **Claimant's Costs** and reasonable **Insured Costs** in respect of all **Claims** will not exceed the **Maximum Aggregate Limit of Indemnity**.

#### 4. Excess

If the **Excess** is specified as 'Inclusive of Insured Costs' in the **Schedule**, the **Principal Policyholder** must pay the amount of any:

- (a) compensation;
- (b) **Claimant's Costs**; and
- (c) reasonable **Insured Costs**,

that are collectively equal to or less than the **Excess** for any one **Claim**. The **Insurer** has no liability for the amount of compensation, **Claimant's Costs** or **Insured Costs** that is equal to or less than the **Excess** for any one **Claim**.

If the **Excess** is specified as 'Exclusive of Insured Costs' in the **Schedule**, the **Excess** does not apply to **Insured Costs** but the **Principal Policyholder** must pay the amount of any:

- (a) compensation; and
- (b) **Claimant's Costs**,

that are collectively equal to or less than the **Excess** for any one **Claim**. The **Insurer** has no liability for the amount of compensation or **Claimant's Costs** that is equal to or less than the **Excess** for any one **Claim**.

The **Excess** is deducted from compensation, **Claimant's Costs** or reasonable **Insured Costs** payable before the application of the **Limit of Indemnity**.

The **Principal Policyholder** must pay the amount of any reasonable **Inquiry Costs** that is equal to or less than the **Excess** for any one **Inquiry Notice**. The **Excess** is deducted from reasonable **Inquiry Costs** payable before the application of the 'Inquiry Costs Sub-limit' specified in the **Schedule**. The **Insurer** has no liability for the amount of reasonable **Inquiry Costs** that is equal to or less than the **Excess** for any one **Inquiry Notice**.

The **Principal Policyholder** must pay the amount of reasonable **Mitigation Costs** that are equal to or less than the **Excess** for any one action taken to mitigate a loss or potential loss. The **Excess** is deducted from reasonable **Mitigation Costs** payable before the application of the 'Mitigation Costs Sub-limit' specified in the **Schedule**. The **Insurer** has no liability for **Mitigation Costs** that are equal to or less than the **Excess** for any action taken to mitigate a loss or potential loss.

The **Principal Policyholder** must pay the amount of any reasonable **Public Relations Expenses** that is equal to or less than the **Excess** for any one **Adverse Publicity Event**. The **Excess** is deducted from the reasonable **Public Relations Expenses** payable before the application of the 'Public Relations Expenses Sub-limit' specified in the **Schedule**. The **Insurer** has no liability for the amount of any reasonable **Public Relations Expenses** that is equal to or less than the **Excess** for any one **Adverse Publicity Event**.

The **Principal Policyholder** must pay the amount of loss relating to a **Fidelity Claim** that is equal to or less than the **Fidelity Excess** for each **Fidelity Claim**. The **Fidelity Excess** is deducted from the amount payable in relation to a **Fidelity Claim** before the application of the 'Fidelity Sub-limit' specified in the **Schedule**. The **Insurer** has no liability for the amount of loss relating to a **Fidelity Claim** that is equal or less than the **Fidelity Excess**.

The **Principal Policyholder** agrees that the **Excess** and **Fidelity Excess** must be borne by the **Principal Policyholder** and are to remain uninsured.

The method for payment of the **Excess** or **Fidelity Excess** will depend on the particular circumstances of the **Claim**, for example:

- (a) the **Insurer** may pay the amount of compensation, **Claimant's Costs**, **Insured Costs** or **Inquiry Costs** that is equal to or less than the **Excess**, and then require repayment of this amount from the **Principal Policyholder**;
- (b) the **Insurer** may deduct the amount of the **Excess** or **Fidelity Excess** from the amount payable by the **Insurer** to the **Insured**; or
- (c) the **Insurer** may require the **Principal Policyholder** to pay the **Excess** directly to a third party.

#### 5. Aggregation of claims and notices

All **Claims** arising out of, based upon, attributable to or in respect of a single act, error or omission or series of acts, errors or omissions consequent upon or attributable to one source or original cause will be considered to be one **Claim** and will attract one **Limit of Indemnity** and one **Excess**.

For the purposes of extension 7.11 'Inquiry costs', all **Inquiry Notices** arising out of, based upon, attributable to or in respect of any one inquiry or hearing by an **Inquiring Body** will be considered to be one **Inquiry Notice** and will attract one **Excess**.

For the purposes of extension 7.15 'Mitigation of loss and rectification', any **Mitigation Costs** arising out of, based upon, attributable to or in respect of a single act, error or omission or series of acts, errors or omissions consequent upon or attributable to one source or original cause will attract one **Excess**.

For the purposes of extension 7.17 'Public relations expenses', all **Public Relations Expenses** arising out of, based upon, attributable to in respect of a single act, error or omission or series of acts, errors or omissions consequent upon or attributable to one source or original cause will be considered to be one **Adverse Publicity Event** and will attract one **Excess**.

For the purposes of extension 8.3 'Fidelity' all **Fidelity Claims** sustained as a result of the same or causally related acts, causes or events will be deemed to be one **Fidelity Claim** regardless of when during the **Policy Period** or prior thereto such acts causes or events occurred and will attract one **Fidelity Excess**.

For the purpose of calculating the applicable **Excess** amount and not for the purpose of determining cover, if a single act, error or omission or series of acts, errors or omissions consequent upon or attributable to one source or original cause gives rise to one or more **Claims, Inquiry Notices, Mitigation Costs, Public Relations Expenses, Fidelity Claims** and/or other matters covered under any extension, optional extension or **Endorsement** to this **Policy**, and they attract more than one **Excess**, only the highest single **Excess** will apply.

## 6. Insurance clarification

For the purposes of clarifying the scope of cover under clause 1. 'Insuring clause' of this **Policy**, civil liability includes but is not limited to:

### 6.1 Consumer protection legislation

a **Claim** arising from or in respect of a breach of a statutory duty under the Competition and Consumer Act 2010 (Cth), Corporations Act 2001 (Cth), National Consumer Credit Protection Act 2009 (Cth), or any Fair Trading legislation of any State or Territory of the Commonwealth of Australia or similar legislation (including any amendment, consolidation, re-enactment, replacement or successor of such legislation) enacted for the protection of consumers, within any Australian jurisdiction, to the extent that such **Claim** is not otherwise excluded under this **Policy**.

### 6.2 Contractual liability

a **Claim** resulting from the conduct of the **Professional Services** which is for contractual liability, notwithstanding exclusion 9.2.3 'Assumption of liability', provided that:

1. the **Insurer** will not be liable for any liability assumed by the **Insured** under a contract or agreement (for example, under any express warranty, guarantee, hold harmless agreement or indemnity clause) unless such liability would have attached to the **Insured** in the absence of the contract or agreement, except to the extent provided for in an extension, optional extension or **Endorsement** to the **Policy**; and
2. where a **Claim** alleges a breach of contract the **Insurer** will not reduce its liability by the mere fact that contributory negligence is not available as a defence.

### 6.3 Defamation

a **Claim** arising from or in respect of defamation, provided that:

1. the defamation arises from the conduct of the **Insured's Professional Services**; and
2. the **Insured** did not make the defamatory material or statement with ill intent or for an improper purpose.

### 6.4 Intellectual property

a **Claim** arising from or in respect of the infringement of rights of intellectual property, provided that the act, error or omission by the **Insured** is unintentional and is committed in the conduct of the **Professional Services**.

### 6.5 Liability of the insured for acts, errors or omissions of contractors, subcontractors, consultants and agents

a **Claim** arising from or in respect of acts, errors or omissions of any contractor, subcontractor, consultant or agent of the **Insured**, provided that the **Insurer** will only indemnify the **Insured** for its civil liability for the **Professional Services** provided by a contractor, subcontractor, consultant or agent for which the **Insured** is legally liable.

The indemnity under clause 1 'Insuring clause' will not extend to the contractor and/or consultant themselves who committed the act, error or omission, except to the extent provided for in extension 7.10 'Indemnity to deemed workers'.

### 6.6 Liquidated damages

a **Claim** arising from or in respect of liquidated damages, notwithstanding exclusion 9.2.3 'Assumption of liability', provided that the **Insurer** will not be liable for any liquidated damages imposed upon the **Insured** by contract or agreement, except to the extent that the **Insured** would have been liable for that damage in the absence of any such contract or agreement.

### 6.7 Privacy and confidentiality

a **Claim** arising from or in respect of the unintentional breach of any duty of privacy or confidentiality at law.

## 7. Extensions

Where these 'Extensions' are noted as 'Included' in the **Schedule**, only then is the **Policy** extended to the following covers. All such 'Extensions' are subject to all the terms of the **Policy**, unless otherwise stated. The total of all payments made under the 'Extensions' will be part of and not in addition to the **Limit of Indemnity** and the **Maximum Aggregate Limit of Indemnity**, unless otherwise stated.

### 7.1 Advancement of costs

The **Insurer** will advance reasonable **Insured Costs** and reasonable **Inquiry Costs**, incurred by the **Insurer** or the **Insured** with the **Insurer's** prior consent, as they are incurred and prior to final adjudication of a **Claim** or finalisation of the investigation, inquiry or hearing.

The **Insurer** may not refuse to advance reasonable **Insured Costs** or reasonable **Inquiry Costs** by reason only that the **Insurer** considers that conduct referred to in exclusion 9.2.7 'Dishonest, fraudulent or criminal acts' has occurred, until such conduct is established by a formal written admission by the relevant **Insured** or final, non-appealable adjudication of a judicial or arbitral tribunal (other than in a proceeding brought by the **Insurer**).

If and to the extent that the **Insured** is not entitled to coverage in respect of a **Claim** or **Inquiry Notice** under the terms and conditions of this **Policy**, then the **Insurer** will cease to advance such costs and any amounts previously advanced under this clause in respect of that **Claim** or **Inquiry Notice** must be repaid by the **Insured** to the **Insurer**.

### 7.2 Compensation for court attendance

The **Insurer** will pay the **Policyholder** compensation if legal advisers, acting on behalf of the **Insured** with the consent of the **Insurer**, require any **Principal** or **Employee** to attend court in connection with a **Claim** under this **Policy** first made and notified to the **Insurer** during the **Policy Period**, but only in circumstances where the **Policyholder** actually pays the **Principal** or **Employee** for their time. Such compensation by the **Insurer** will be at the rate equivalent to such **Principal's** or **Employee's** daily take home salary or wage up to a maximum of \$500 per person for each day on which attendance is required subject to a maximum of \$20,000 for all persons for any one **Claim**.

If and to the extent that the **Insured** is not entitled to coverage in respect of a **Claim** under the terms and conditions of this **Policy**, then all amounts paid to the **Policyholder** under this clause in respect of that **Claim** must be repaid to the **Insurer** by the **Policyholder**.

The **Excess** applicable to this extension is nil.

### 7.3 Compensatory civil penalties

Notwithstanding exclusion 9.2.10 'Fines, penalties, punitive or aggravated damages', the **Insurer** will indemnify the **Insured** for compensatory civil penalties payable by the **Insured** pursuant to a court order in civil penalty proceedings issued against, commenced or served upon the **Insured** during the **Policy Period** brought under Australian legislation arising solely out of the conduct of the **Professional Services** by the **Insured**.

Provided that cover for compensatory civil penalties arising out of or in any way connected with the following are excluded from this indemnity:

- (a) wilful, intentional or deliberate failure to comply with any lawful notice, direction, enforcement action or proceeding under any legislation;
- (b) gross negligence or recklessness.

The **Insurer** will not be liable under this extension to indemnify the **Insured** for any taxes, duties, charges or levies or non-compensatory amounts calculated by reference to taxes, duties, charges or levies.

The total liability of the **Insurer** for all compensatory civil penalties under this extension will not exceed in the aggregate, during the **Policy Period**, the 'Compensatory Civil Penalties Sub-Limit' specified in the **Schedule**.

### 7.4 Continuous cover

Where the **Insured**:

1. first became aware of facts or circumstances that might give rise to a **Claim** or **Inquiry Notice**, prior to the **Policy Period**; and
2. had not notified the **Insurer** of such facts or circumstances prior to the **Policy Period**,

then exclusion 9.1.1 'Prior claims or known circumstances' will not apply to any notification during the **Policy Period** of any **Claim** or **Inquiry Notice** resulting from such facts or circumstances, provided that:

- (a) there is an absence of fraudulent noncompliance with the **Insured's** duty of disclosure and an absence of fraudulent misrepresentation by the **Insured** in respect of such facts or circumstances;
- (b) the **Policyholder** has been continuously insured, without interruption at the time of the notification of the **Claim** or **Inquiry Notice** to the **Insurer**, under a professional indemnity insurance policy issued by the **Insurer** and was insured by the **Insurer** at the time when the **Insured** first became aware of such facts or circumstances (the relevant professional indemnity insurance policy which the **Insured** was insured under at this time is referred to as "the previous policy" in this extension);

- (c) the **Insurer** will not be liable to indemnify the **Insured** to the extent that the **Insurer** would not have been liable to indemnify the **Insured** under the terms and conditions of the previous policy, had such facts or circumstances been notified to the **Insurer** while the previous policy was in force. For the avoidance of doubt, the terms and conditions of this **Policy** also apply, such that the **Insurer** will not be liable to indemnify the **Insured** under this extension where cover is otherwise excluded under this **Policy**;
- (d) the **Insurer's** limit of indemnity in respect of any **Claim** or **Inquiry Notice** resulting from such facts or circumstances is the lesser of:
  - (i) the **Insurer's** limit of indemnity under the terms of the previous policy;
  - (ii) if the aggregate limit of indemnity of the previous policy has been eroded by the payment of claims or other amounts under the previous policy such that the available aggregate limit of indemnity of the previous policy is less than the amount noted under (i) above, the available aggregate limit of indemnity;
  - (iii) the **Limit of Indemnity** under this **Policy**; or
  - (iv) any applicable sub-limit of cover under this **Policy**.

The terms of this **Policy** otherwise apply, including the requirement to pay the **Excess**;

- (e) if any **Claim** or **Inquiry Notice** resulting from such facts or circumstances would have been subject to a sub-limit of cover under the previous policy, then the **Insurer's** liability for such **Claim** or **Inquiry Notice** will be limited to the lesser of:
  - (i) such sub-limit under the terms of the previous policy;
  - (ii) if such sub-limit noted under (i) above has been eroded by the payment of claims or other amounts under the previous policy, the remaining amount of such sub-limit; or
  - (iii) any applicable sub-limit of cover under this **Policy**; and
- (f) the **Insurer** may reduce its liability under the **Policy** to the extent of any prejudice the **Insurer** may suffer in connection with the **Insured's** failure to notify the facts or circumstances giving rise to a **Claim** or **Inquiry Notice** prior to the **Policy Period**. For the purpose of this extension, prejudice will include any lost opportunity to resolve the **Claim** and increased costs incurred in defending a **Claim** due to the delay in notification.

For the purpose of paragraph (d)(ii) above, "aggregate limit of indemnity" means the maximum aggregate limit of indemnity, the limit of indemnity plus any reinstatement of such limit, or equivalent provisions under the previous policy.

As an example of the operation of paragraph (d), if the aggregate limit of indemnity of the previous policy has been completely eroded by the payment of claims or other amounts under the previous policy, such that there is no available aggregate limit of indemnity, then no cover will be available under this **Policy**.

## 7.5 Emergency insured costs and inquiry costs

Notwithstanding claims condition 10.4 'Claims settlement', if, due to an emergency, the **Insured** is unable to request the **Insurer's** consent prior to the incurring of **Insured Costs** or **Inquiry Costs** then the **Insured** may incur reasonable **Insured Costs** or reasonable **Inquiry Costs** without the **Insurer's** prior consent until such time as the **Insured** contacts or could reasonably have contacted the **Insurer**.

An emergency may include a circumstance where the **Insured** needs to respond to a request arising from the service of a legal document in a very short stipulated timeframe (for example, outside of business hours), where the **Insured** is not reasonably able to contact the **Insurer** in that timeframe.

In the event the **Insured** incurs **Insured Costs** or **Inquiry Costs** without the **Insurer's** prior consent after such time the **Insured** could reasonably have contacted the **Insurer** to request the **Insurer's** prior consent, the **Insurer** may reduce its liability for such **Insured Costs** or **Inquiry Costs** by an amount that fairly represents the extent to which the **Insurer's** interests are prejudiced by the **Insured's** failure to request the **Insurer's** prior consent.

## 7.6 Excess reduction – non-litigated claims

Notwithstanding clause 4. 'Excess', if the **Excess** is specified as 'Inclusive of Insured Costs' in the **Schedule**, the **Insurer** will halve the **Excess** applicable to a **Claim** if:

- (a) the **Excess** is \$50,000 or less;
- (b) the **Insured** settles the **Claim** with the **Insurer's** prior consent without incurring any **Insured Costs** that relate to retaining legal representation to act on the **Insured's** behalf; and
- (c) no other party involved in the **Claim** has retained legal representation to act on their behalf in relation to the **Claim**.

## 7.7 Extended reporting period

### 7.7.1 Purchasing an extended reporting period

In the event that this **Policy** is neither renewed nor replaced at the end of the **Policy Period** with insurance that covers substantially the same risk exposure as this **Policy**, the **Principal Policyholder** will be entitled to purchase an extended reporting period of three hundred and sixty five days at an additional premium of 100% of the **Full Annual Premium**.

In the event that the **Policyholder** obtains insurance that covers substantially the same risk exposure as this **Policy**, then any purchased extended reporting period will cease on the date that such insurance incept.

In the event that the **Policyholder** cancels the **Policy**, then any purchased extended reporting period will cease on the effective date of such cancellation.

Where the extended reporting period ceases as set out above and the **Policyholder** has paid an additional premium, the **Insurer** will retain the pro rata portion of additional premium for the portion of the extended reporting period that has elapsed prior to the cessation of the extended reporting period. The **Insurer** will refund to the **Policyholder** the balance of the premium actually paid (including applicable and refundable stamp duty, GST and other government charges or levies) less any non-refundable government charges, unless there have been any notifications during the extended reporting period or the **Policy** is separately cancelled due to fraud, in which case no refund will be given.

The **Principal Policyholder** will not be entitled to purchase an extended reporting period if the **Policyholder** is **Insolvent** during the **Policy Period**.

The entitlement to purchase the extended reporting period lapses upon expiry of the **Policy Period**.

The application to purchase the extended reporting period must be provided to the **Insurer** prior to the expiry of the **Policy Period**, and payment of the additional premium must be made to the **Insurer** within thirty days of the same date.

### 7.7.2 Details of the extended reporting period

Where the **Principal Policyholder** has purchased an extended reporting period, the period begins immediately following the expiry of the **Policy Period** and ends on the earlier of 4.p.m. **L.S.T.** on the three hundred and sixty fifth day thereafter, or at the time on the effective date on which the **Policyholder** obtains insurance that covers substantially the same risk exposure as this **Policy**.

During the extended reporting period, the **Insured** may continue to notify the **Insurer** of **Claims**:

1. where the **Claim** is first made against the **Insured** during the **Policy Period** or extended reporting period; and
2. provided the **Claims** result from the conduct of the **Professional Services** prior to expiry of the **Policy Period**.

Any notification to the **Insurer** during this extended reporting period will be deemed to have been first notified to the **Insurer** during the **Policy Period**.

## 7.8 Fraud and dishonesty

Notwithstanding exclusion 9.2.7 'Dishonest, fraudulent or criminal acts', the **Insurer** will indemnify the **Insured** under clause 1 'Insuring clause' against civil liability for compensation and **Claimant's Costs** in respect of any **Claim** first made against the **Insured** during the **Policy Period** and notified to the **Insurer** during the **Policy Period** resulting from any dishonest, fraudulent, criminal or malicious act or omission by any **Insured** who is a natural person occurring or committed in connection with the **Professional Services**.

The **Insurer** will pay **Insured Costs** on the basis already set out in this **Policy**.

Provided that:

- (a) nothing in this extension will require the **Insurer** to indemnify any natural person, trustee, company or other entity who perpetrated any such dishonest, fraudulent, criminal or malicious act or omission or who by act or omission has condoned any such act or omission; and
- (b) no cover is available in respect of a **Claim** arising out of or any connected with the loss of money or goods.

## 7.9 Implied warranties and conditions

Notwithstanding exclusions 9.2.3 'Assumption of liability' and 9.2.11 'Fitness for purpose', the **Insurer** will indemnify the **Insured** against civil liability for compensation and **Claimant's Costs** in respect of a **Claim** first made against the **Insured** during the **Policy Period** and notified to the **Insurer** during the **Policy Period** arising from any breach by the **Insured** of a warranty or condition implied under a contract or Australian legislation relating to quality and suitability of materials, exercise of reasonable care and skill, and fitness for intended purpose of work or materials to the extent that such liability arises out of the **Professional Services**.

## 7.10 Indemnity to deemed workers

The definition of **Insured** is extended to include any contractor or consultant who is a natural person and who:

- (a) is a “deemed worker” under the workers’ compensation laws of the State or Territory of Australia in which the contractor or consultant is performing the **Professional Services**; and
- (b) has or had a written contract with the **Policyholder** or any **Subsidiary** to perform the **Professional Services**, provided that such written contract:
  - (i) was in effect at the time of performing the **Professional Services**;
  - (ii) did not contain a term requiring the contractor or consultant to obtain a professional indemnity insurance policy; and
  - (iii) was not entered into as a result of a dispute which involves the **Insured** in any way.

Provided that:

- (i) such contractor or consultant is only an **Insured** in their capacity as a “deemed worker” performing **Professional Services** for or on behalf of the **Policyholder** or any **Subsidiary** as set out in paragraphs (a) and (b) above; and
- (ii) such contractor or consultant, as a third party beneficiary, must comply with the terms and conditions of the **Policy**, including without limitation the claims conditions.

## 7.11 Inquiry costs

The **Insurer** will indemnify the **Insured** for reasonable **Inquiry Costs** incurred with the **Insurer’s** prior consent.

Provided that:

- (a) the **Inquiry Notice** is first received by the **Insured** and notified to the **Insurer** during the **Policy Period**;
- (b) such **Inquiry Notice** arises directly from conduct allegedly committed by the **Insured** in conducting the **Professional Services**; and
- (c) regular or overtime wages, salaries or fees of the **Insured** are excluded from this indemnity.

The total liability of the **Insurer** for all reasonable **Inquiry Costs** under this extension will not exceed in the aggregate, during the **Policy Period**, the ‘Inquiry Costs Sub-Limit’ specified in the **Schedule**.

This extension does not apply to an investigation, inquiry or hearing arising from or in respect of a **Privacy Breach** for which the **Insured** has an obligation under the Privacy Act 1988 (Cth) (including any amendment, consolidation, re-enactment, replacement or successor of such legislation) to notify the Office of the Australian Information Commissioner (OAIC) (or other responsible agency or person as set out in the Privacy Act 1988 (Cth) or any amendment, consolidation, re-enactment, replacement or successor of such legislation) and affected individuals to whom the information relates.

## 7.12 Joint venture liability

The **Insurer** will indemnify the **Insured** against civil liability for compensation and **Claimant’s Costs** in respect of any **Claim** first made against the **Insured** and notified to the **Insurer** during the **Policy Period** resulting from the **Insured’s** participation in any joint venture in connection with the **Professional Services** provided that:

- (a) the indemnity given will only relate to the **Insured’s** proportion of any liability incurred as a joint venture partner;
- (b) the cover provided under this extension is afforded to the **Insured** only and does not apply to any other participant in the joint venture or any third party who claims to have rights under this **Policy**; and
- (c) where:
  - (i) the **Insurer** required a declaration of the **Policyholder’s** income derived from participation in such joint venture for the purpose of calculating the **Full Annual Premium** for this **Policy**, whether in the **Proposal** or otherwise; and
  - (ii) the income derived from participation in such joint venture was not included in the declaration, the premium otherwise payable by the **Policyholder** will be adjusted accordingly by the **Insurer** at the time of the **Claim** in relation to the **Insured**.

The **Insurer** will pay **Insured Costs** on the basis already set out in this **Policy**, provided that the **Insurer** will only pay the proportion of **Insured Costs** that is equal to the **Insured’s** proportion of liability incurred as a joint venture partner.

### 7.13 Legal consultation

The **Insured** is entitled to up to a maximum of two hours legal advice for the **Policy Period** from a legal firm specified in the **Schedule** on matters related to the risks insured under this **Policy**, except in relation to the scope of cover provided under this **Policy**, or claims disputes or complaints against the **Insurer**, provided that:

- (a) the legal advice is sought during the **Policy Period**; and
- (b) the **Insured** must provide the legal firm with the policy number, **Policy Period** and name of the **Policyholder**.

There is no cost payable by the **Policyholder** or the **Insured** for the legal advice.

### 7.14 Lost documents

The **Insurer** will, in the event of loss of or damage to **Documents** occurring in connection with the **Professional Services**, indemnify the **Insured** for the reasonable costs and expenses incurred by the **Insured** in replacing or restoring such **Documents** provided that:

- (a) such loss or damage is sustained during the **Policy Period** while the **Documents** are either in transit or in the custody of either:
  - (i) the **Insured**; or
  - (ii) any third party to whom a reasonable person in the **Insured's** professional position would entrust the **Documents** with the expectation that the **Documents** would be protected from loss or damage;
- (b) the amount of any claim for costs and expenses must be supported by proof of loss or damage to **Documents** (for example bills and accounts) which will be subject to approval by an appropriately qualified and experienced professional or advisor to be nominated by the **Insurer** with the consent of the **Policyholder** or if such consent is withheld, by the President of the Law Society of the State or Territory where the **Policy** was issued;
- (c) the **Insurer** will not be liable for loss or damage caused by or arising directly or indirectly from, in connection with or in respect of any **Cyber Act**;
- (d) the **Insurer** will not be liable in respect of loss or damage caused by riot or civil commotion; and
- (e) the **Insurer** will not be liable in respect of loss or damage caused by:
  - (i) mould;
  - (ii) vermin or pest infestation; or
  - (iii) fading, wear, tear or any other gradually operating cause.

Where the **Documents** are in electronic format, the **Insured** must:

- A. ensure the following information technology ("IT") security measures are in place or undertake reasonable enquiries to verify whether a third party to whom the **Insured** has entrusted the **Documents**, has the following IT security measures in place:
  - (1) procedures in place to back up such **Documents** at least once a week;
  - (2) active and up-to-date IT security that, at a minimum, has the ability to:
    - (i) identify and remove software viruses and other types of harmful and malicious software ("Viruses");
    - (ii) automatically scan files, documents, emails, email attachments, folders and other means of storing, transmitting and using digital information, for Viruses;
    - (iii) provide firewall protection; and
    - (iv) automatically receive updates from the relevant provider of such Virus and firewall protection; and
- B. do everything that a reasonable person in the **Insured's** professional position would do to ensure that the abilities listed in A. 1. and A. 2. above are enabled and fully utilised on an ongoing basis by either the **Insured** or the third party.

If the **Insured** fails to comply with paragraphs A. and B. of this extension, the **Insurer** may be able to:

- (i) refuse to pay a claim by reason of that failure, but only to the extent that such failure caused or contributed to the loss which gives rise to the claim; or
- (ii) reduce its liability by an amount that fairly represents the extent to which the **Insurer** has been prejudiced by that failure.

The total liability of the **Insurer** for all costs and expenses under this extension will not exceed in the aggregate, during the **Policy Period**, the 'Lost Documents Sub-Limit' specified in the **Schedule**.

### 7.15 Mitigation of loss and rectification

The **Insurer** will indemnify the **Insured** for reasonable **Mitigation Costs** incurred with the **Insurer's** prior consent.

Provided that:

- (a) the **Mitigation Costs** are incurred to mitigate, or to rectify, a loss or potential loss that otherwise would be the subject of a **Claim** under the **Policy**;
- (b) the **Insured** first discovers the relevant act, error or omission which would give rise to the loss during the **Policy Period** and notifies the **Insurer** during the **Policy Period**; and
- (c) no payment will be made to the **Insured** in relation to:
  - (i) a cyber ransom or extortion payment. A cyber ransom or extortion payment means a payment demanded by a third party who has committed, or has threatened to commit, an unauthorised, malicious or criminal act in respect of **Computer Systems** or **Data** that would result in, or is intended to result in, harm or loss being suffered by the **Insured** or any other party;
  - (ii) indirect costs and expenses, including but not limited to overheads or any **Insured's** profits including but not limited to loss or diminution of profit, incentive payment, bonus payment or opportunity cost;
  - (iii) costs and expenses incurred to take action the **Insured** is legally required to take, for example due to specific legislative requirements or under contract; or
  - (iv) costs and expenses of materials or **Professional Services** which result in increased quality or standard from that specified in the design parameters of the relevant contract.

The total liability of the **Insurer** for all **Mitigation Costs** incurred under this extension will not exceed in the aggregate, during the **Policy Period**, the 'Mitigation Costs Sub-Limit' specified in the **Schedule**.

The **Excess** is applicable to this extension.

### 7.16 Newly acquired subsidiary

If the **Policyholder** acquires a **New Subsidiary**:

- (a) that has total annual revenue (by reference to the **New Subsidiary's** most recent financial statements as at the time of acquisition) no greater than 25% of the total annual revenue of the **Policyholder** as disclosed in the **Proposal**, the definition of **Insured** will be extended to include such **New Subsidiary** in respect of any **Claim** first made against the **Insured** and notified to the **Insurer** during the period beginning on the date of acquisition resulting from the conduct of the **Professional Services** by such **New Subsidiary**, but not in respect of any such **Claim** resulting from any act, error or omission occurring or committed prior to the date the **New Subsidiary** was acquired; or
- (b) that has total annual revenue (by reference to the **New Subsidiary's** most recent financial statements as at the time of acquisition) of greater than 25% of the total annual revenue of the **Policyholder** as disclosed in the **Proposal**, the definition of **Insured** will also include such **New Subsidiary** in respect of any **Claim** first made against the **Insured** and notified to the **Insurer** during the period beginning on the date of acquisition and ending sixty (60) days thereafter or at the expiry of the **Policy Period**, whichever is the lesser period ("Subsidiary Cover Period"), resulting from the conduct of the **Professional Services** by such **New Subsidiary**, but not in respect of any such **Claim** resulting from any act, error or omission occurring or committed prior to the date the **New Subsidiary** was acquired.

In relation to paragraph (b) above, where the **Policyholder** wishes to have cover for the **New Subsidiary** beyond the Subsidiary Cover Period, the **Policyholder** must contact the **Insurer** to discuss and the **Insurer** will confirm whether it is willing to offer cover, on what terms and for what additional premium.

When the **Policyholder** contacts the **Insurer**, the **Insurer** must provide its response as soon as possible but no later than the end of the Subsidiary Cover Period, or, where the **Policyholder** contacts the **Insurer** less than five business days before the end of the Subsidiary Cover Period, the **Insurer** must provide its response within five business days.

Any offer by the **Insurer** to provide ongoing cover for such **New Subsidiary** is not effective until the **Policyholder** provides the **Insurer** with written acceptance of the **Insurer's** offer. This extension does not extend cover:

- (i) to any **New Subsidiary** that is domiciled or incorporated in the United States of America or its territories or protectorates; and
- (ii) in respect of the conduct, prior to the acquisition of such **New Subsidiary**, of services that are not the same as those conducted by the **Policyholder** and covered under this **Policy**.

### 7.17 Public relations expenses

The **Insurer** will indemnify the **Policyholder** for reasonable **Public Relations Expenses** incurred by the **Policyholder** in respect of an **Adverse Publicity Event** that first occurs and is notified to the **Insurer** during the **Policy Period**.

Provided that:

- (a) the **Insurer** will only indemnify the **Policyholder** for the reasonable **Public Relations Expenses** that are incurred during the first thirty days immediately following the **Adverse Publicity Event**; and

(b) the reasonable **Public Relations Expenses** are incurred with the **Insurer's** prior consent.

The total liability of the **Insurer** under this extension will not exceed in the aggregate the 'Public Relations Expenses Sub-Limit' specified in the **Schedule** during the **Policy Period**.

#### 7.18 Run off cover

If, during the **Policy Period**, any of the following events occur:

- (a) a **Merger or Acquisition** of the **Policyholder**; or
- (b) the appointment of a receiver, controller, administrator or liquidator to the **Policyholder** or the commencement of a scheme of arrangement or compromise or a winding up process in respect of the **Policyholder**,

then this **Policy** will remain in force until the expiry of the **Policy Period**, but only in respect of a **Claim** resulting from an act, error or omission occurring or committed prior to the event described in paragraph (a) or (b) of this extension.

If, during the **Policy Period**, the **Policyholder** is the subject of an event described in paragraph (a) or (b) above, the **Policyholder** will be entitled to apply for a renewal of this **Policy**, either as an annually renewable single-year policy or a non-renewable multi-year policy (up to a maximum of seven years (84 months)), covering **Claims** resulting from an act, error or omission occurring or committed prior to the event described in paragraph (a) or (b) above.

Such application must be made prior to the expiry of the **Policy Period**.

The **Insurer** will consider such application on its merits and will take into account all relevant factors, including but not limited to the **Policyholder's** claims experience and the circumstances surrounding the event described in paragraph (a) or (b) above. The **Insurer** may request additional information it considers reasonably necessary.

Any offer of renewal will not be unreasonably withheld or delayed by the **Insurer**. The **Insurer** may decline to offer such renewal.

If the **Insurer** offers to provide a renewal of this **Policy**, the **Insurer's** offer will specify the terms and conditions of the renewal policy, which may vary from the terms and conditions of this **Policy**, and the premium applicable for the renewal policy.

#### 7.19 Spousal liability

If a **Claim** against an **Insured** includes a claim against such **Insured's Spouse** solely by reason of:

- (a) such **Spouse's** legal status as a **Spouse** of such **Insured**; or
- (b) such **Spouse's** ownership interest in property which the claimant seeks as recovery for **Claims** made against such **Insured**,

then the **Spouse's** legal liability for compensation resulting from such **Claim** will be treated for the purposes of this **Policy** as the liability of the **Insured**.

This extension does not apply to the extent the **Claim** alleges any act, error or omission by such **Insured's Spouse**.

#### 7.20 Thirty day reporting period

In the event that this **Policy** is neither renewed nor replaced at the end of the **Policy Period** with insurance that covers substantially the same risk exposure as this **Policy**, the **Insured** may continue to notify the **Insurer** of:

- (a) a **Claim** up to thirty days after the expiry of the **Policy Period**, but only a **Claim** first made against the **Insured** during the **Policy Period** and such **Claim** results from the conduct of the **Professional Services** prior to expiry of the **Policy Period**; and
- (b) an **Inquiry Notice** up to thirty days after the expiry of the **Policy Period**, but only an **Inquiry Notice** first received by the **Insured** during the **Policy Period** and such **Inquiry Notice** arises directly from conduct allegedly committed by the **Insured** in conducting the **Professional Services** prior to expiry of the **Policy Period**.

Any notification to the **Insurer** during this thirty day reporting period will be deemed to have been first notified to the **Insurer** during the **Policy Period**.

For a late notification after this period of time (unless otherwise provided for under this **Policy**), the **Insurer** may be able to refuse to pay a claim or reduce its liability by an amount that fairly represents the extent to which the **Insurer** has been prejudiced by the **Insured's** delay to notify the **Insurer** of a **Claim** or **Inquiry Notice**.

The cover provided under this extension does not apply if an extended reporting period is available under extension 7.7 'Extended reporting period', or if this **Policy** is cancelled.

## 8. Optional extensions

Where any of the following 'Optional extensions' are noted as 'Included' in the **Schedule**, only then is the **Policy** extended to include that cover. All such 'Optional extensions' are subject to all the terms of the **Policy**, unless otherwise stated. The total of all payments made under the 'Optional extensions' will be part of and not in addition to the **Limit of Indemnity** and the **Maximum Aggregate Limit of Indemnity**, unless otherwise stated.

### 8.1 Collateral warranties

Notwithstanding exclusion 9.2.3 'Assumption of liability', the **Insurer** will indemnify the **Insured** against civil liability for compensation and **Claimant's Costs** in respect of a **Claim** first made against the **Insured** during the **Policy Period** and notified to the **Insurer** during the **Policy Period** resulting from the performance of the **Professional Services** and arising from a **Collateral Warranty**, but only to the extent that the **Insured's** duties and obligations to the beneficiary of the **Collateral Warranty** are not greater, longer lasting or more extensive than the duties and obligations owed to the party with whom the **Insured** originally contracted to provide **Professional Services**.

The **Insurer** will not be liable to indemnify the **Insured** under this optional extension against civil liability arising directly or indirectly from, in connection with or in respect of:

- (a) a **Collateral Warranty** that has been assigned more than twice, except to the extent liability would have attached to the **Insured** in the absence of such **Collateral Warranty**;
- (b) any express or implied term in a **Collateral Warranty** that imposes an obligation on the **Insured** to exercise more than reasonable care;
- (c) any express contractual penalty in a **Collateral Warranty**, except to the extent the **Insured** would have been liable for such amounts in the absence of such **Collateral Warranty**; or
- (d) any express acceptance of liability for liquidated damages in a **Collateral Warranty**, except to the extent the **Insured** would have been liable for such damages in the absence of such **Collateral Warranty**.

### 8.2 Extended duty of care

Notwithstanding exclusions 9.2.3 'Assumption of liability' and 9.2.9 'Extended duty of care', the **Insurer** will indemnify the **Insured** against civil liability for compensation and **Claimant's Costs** in respect of a **Claim** first made against the **Insured** during the **Policy Period** and notified to the **Insurer** during the **Policy Period** arising from any breach by the **Insured** in their conduct of the **Professional Services** of any obligation to exercise more than reasonable care, where such obligation is imposed by an express or implied term in a contract.

Provided that this optional extension does not apply to project or contract management activities or services.

### 8.3 Fidelity

The **Insurer** will indemnify the **Policyholder** for a **Fidelity Claim** first discovered and notified to the **Insurer** during the **Policy Period** provided that:

- (a) no person committing or condoning such fraud or dishonesty will be entitled to indemnity; and
- (b) the **Insurer** will not be liable in respect of any **Fidelity Claim** for loss of money arising from any fraud or dishonesty committed by any person ("Potentially Dishonest Person") after the discovery of facts or circumstances that would cause a reasonable person in the **Insured's** position to suspect that the Potentially Dishonest Person had committed or was intending to commit an act of fraud or dishonesty;
- (c) the **Insurer** will not be liable in respect of any **Fidelity Claim** arising directly or indirectly from, in connection with or in respect of:
  - (i) cheques or fund transfer instructions not being signed or directly authorised by at least two Senior Officers;
  - (ii) the **Policyholder's** bank accounts being reconciled by a person who is authorised to operate those bank accounts; or
  - (iii) a refund of money not being authorised by at least two Senior Officers.

The total liability of the **Insurer** under this optional extension will not exceed in the aggregate the 'Fidelity Sub-Limit' specified in the **Schedule** during the **Policy Period**.

For the purposes of this optional extension, "Senior Officer" means a **Principal** or senior manager of the **Policyholder**.

### 8.4 Fitness for purpose terms

Notwithstanding exclusion 9.2.11 'Fitness for purpose', the **Insurer** will indemnify the **Insured** against civil liability for compensation and **Claimant's Costs** in respect of a **Claim** first made against the **Insured** during the **Policy Period** and notified to the **Insurer** during the **Policy Period** alleging a breach of any express fitness for purpose term in a contract or agreement to the extent that such liability arises out of the conduct of the **Professional Services** by the **Insured**.

Provided that, notwithstanding the definition of **Professional Services**, any management of projects or contracts are excluded from this indemnity.

## 8.5 Hold harmless contractual liability

Notwithstanding exclusion 9.2.3 'Assumption of liability', the **Insurer** will indemnify the **Insured** against civil liability for compensation and **Claimant's Costs** in respect of a **Claim** first made against the **Insured** during the **Policy Period** and notified to the **Insurer** during the **Policy Period** arising from an indemnity or hold harmless term of a contract or agreement to the extent that such liability arises out of the conduct of the **Professional Services**.

## 8.6 Novation agreements

Notwithstanding exclusion 9.2.3 'Assumption of liability', the **Insurer** will indemnify the **Insured** against civil liability for compensation and **Claimant's Costs** in respect of a **Claim** first made against the **Insured** during the **Policy Period** and notified to the **Insurer** during the **Policy Period** arising from a **Novated Contract** where either:

- (a) the **Insured** has assumed responsibility under the **Novated Contract** for professional services performed by another party under the previous contract and the **Claim** results from such professional services, provided that the **Insurer** will only indemnify the **Insured** for civil liability resulting from professional services that are the same as the **Professional Services**; or
- (b) the **Claim** results from the **Insured's** conduct of **Professional Services** under the contract that has been replaced by the **Novated Contract**.

The **Insurer** will not be liable to indemnify the **Insured** under this optional extension against civil liability arising directly or indirectly from, in connection with or in respect of:

- (i) any additional or duplicated liability where the **Novated Contract**, or the novation deed or agreement that led to the creation of the **Novated Contract** (referred to as "the novation agreement" in this extension), makes the **Insured** liable to more than one party in respect of the same **Professional Services** or the same professional services that were performed by another party under the contract that has been replaced by the **Novated Contract**;
- (ii) any **Novated Contract**, deed or agreement entered into due to a dispute involving the **Insured**; or
- (iii) facts, events or circumstances:
  - I. which a party to the novation agreement knew, at the time such novation agreement was executed, might give rise to a **Claim** or liability; or
  - II. which a reasonable person in the position of a party to the novation agreement would have thought, at the time such novation agreement was executed, might give rise to a **Claim** or liability.

## 8.7 Principal's indemnity

The **Insurer** will indemnify the Specified Principal against civil liability for compensation and **Claimant's Costs** in respect of any **Claim** first made against the Specified Principal and notified to the **Insurer** during the **Policy Period** resulting solely from the conduct of the **Professional Services** by the **Insured** which, had the **Claim** been made against the **Insured**, would have been indemnified under this **Policy**.

Provided that:

- (a) this optional extension does not apply to any **Claim** arising out of an act, error omission by the Specified Principal;
- (b) the liability of the **Insurer** under this optional extension is limited to the amount which the **Insured** would have been indemnified under the **Policy**, had the **Claim** been made against the **Insured**; and
- (c) if the liability of the **Insurer** to indemnify the **Insured** under this **Policy** would have been limited or excluded based on some conduct or knowledge of an **Insured** had the **Claim** been made against the **Insured**, then, notwithstanding general condition 11.11 'Severability and non-imputation', that conduct or knowledge will be imputed to the Specified Principal for the purposes of determining the **Insurer's** liability under this optional extension. For the purposes of this optional extension, the **Insurer** may also rely on any defence available under the **Policy** as it would have in a **Claim** made against the **Insured**. For the avoidance of doubt, the **Insurer's** liability under this optional extension will be limited or excluded to the extent it would have been limited or excluded had the **Claim** been made against the **Insured**.

The Specified Principal, in their capacity as a third party beneficiary, must comply with the terms and conditions of this **Policy**, including without limitation the claims conditions.

For the purposes of this optional extension:

- (i) "Specified Principal" means the entity nominated as such by **Endorsement**;
- (ii) paragraph (a) of the definition of **Claim** in section 12 of the **Policy** is extended to include any demand made by a third party upon the Specified Principal for compensation, however conveyed, including a writ, statement of claim, application or other legal or arbitral process.

## 8.8 Principal's previous business

The **Policy** is extended to cover a **Claim** made against any past and/or present **Principal** of the **Policyholder** and notified to the **Insurer** during the **Policy Period** resulting from the conduct of professional services that are the same as the **Professional Services** whilst such **Principal** was a sole practitioner, a partner of a firm or a director of a company other than the **Policyholder** prior to becoming a **Principal** of the **Policyholder**.

## 8.9 Proportionate liability waiver

Notwithstanding exclusions 9.2.3 'Assumption of liability' and 9.2.20 'Subrogation waiver', the **Insurer** will indemnify the **Insured** against civil liability for compensation and **Claimant's Costs** in respect of a **Claim** first made against the **Insured** during the **Policy Period** and notified to the **Insurer** during the **Policy Period** incurred by the **Insured** due to the **Insured** having contracted out of the operation of proportionate liability legislation to the extent that such liability arises out of the conduct of the **Professional Services**.

For the purposes of this optional extension, "proportionate liability legislation" means the Civil Liability Act 2002 (NSW) Part 4; Wrongs Act 1958 (Vic) Part IVAA; Civil Liability Act 2002 (WA) Part 1F; Civil Liability Act 2003 (Qld) Chapt 2, Part 2; Civil Law (Wrongs) Act 2002 (ACT) Chapt. 7A; Proportionate Liability Act 2005 (NT); Civil Liability Act 2002 (Tas) Part 9A; Law Reform (Contributory Negligence and Apportionment of Liability) Act 2001 (SA), Part 3; Competition & Consumer Act 2010 (Cth) Part VIA; Planning, Development and Infrastructure Act 2016 (SA), s.158; Building Act 2004 (ACT) s.141 and any similar legislation, including any amendment, consolidation, re-enactment, replacement or successor of such legislation.

## 9. Exclusions

### 9.1 Section 1

The **Insurer** will not be liable in respect of:

#### 9.1.1 Prior claims or known circumstances

- (a) any **Claim** first made against the **Insured** or **Inquiry Notice** first received by the **Insured** prior to the inception of the **Policy Period** or disclosed in the **Proposal**; or
- (b) any **Claim**, liability, compensation, **Inquiry Costs**, **Claimant's Costs**, **Insured Costs**, **Mitigation Costs**, **Public Relations Expenses**, compensation for court attendance or loss of or damage to **Documents** directly or indirectly arising from, in connection with or in respect of any facts, events or circumstances:
  - (i) which the **Insured** knew, prior to the inception of the **Policy Period**, might give rise to a **Claim**, liability, compensation, **Inquiry Costs**, **Claimant's Costs**, **Insured Costs**, **Mitigation Costs**, **Public Relations Expenses**, compensation for court attendance or loss of or damage to **Documents** which might be covered under this **Policy**;
  - (ii) which a reasonable person in the **Insured's** position would have thought, prior to the inception of the **Policy Period**, might give rise to a **Claim**, liability, compensation, **Inquiry Costs**, **Claimant's Costs**, **Insured Costs**, **Mitigation Costs**, **Public Relations Expenses**, compensation for court attendance or loss of or damage to **Documents** which might be covered under this **Policy**;
  - (iii) which were disclosed in the **Proposal** or were or could be notified under any insurance that was in force prior to the inception of the **Policy Period**;
  - (iv) which were alleged in or discovered in any **Claim** made against the **Insured** prior to the inception of the **Policy Period**; or
  - (v) relating to or underlying any **Claim** made against the **Insured** prior to the inception of the **Policy Period**.

#### 9.1.2 Retroactive date

any **Claim**, **Inquiry Notice**, loss of or damage to **Documents** or **Public Relations Expenses** resulting from any act, error or omission occurring or committed or alleged to have occurred or been committed prior to the **Retroactive Date**.

#### 9.1.3 Professional fees

- (a) any **Claim** for indemnity by the **Insured** for;
- (b) any **Claim** solely for; or
- (c) that part of any **Claim** that is in respect of,

professional fees, profits, commissions, costs or charges (including but not limited to any actual or alleged obligation to refund, reimburse, return, make restitution of or disgorge any portion of professional fees, profits, commissions, costs or charges, whether as damages or otherwise), paid or payable to or by the **Insured**.

### 9.2 Section 2

The **Insurer** will not be liable in respect of any **Professional Services**, **Claim**, liability, compensation, **Inquiry Costs**, **Claimant's Costs**, **Insured Costs**, **Mitigation Costs**, **Public Relations Expenses**, compensation for court attendance or loss of or damage to **Documents**:

#### 9.2.1 Anti-competitive practices

arising directly or indirectly from, in connection with or in respect of any actual or alleged contravention of the anti-competitive practices of the Competition and Consumer Act 2010 (Cth), Corporations Act 2001 (Cth), Australian Securities and Investments Commission Act (Cth), National Consumer Credit Protection Act 2009 (Cth) or similar legislation (including any amendment, consolidation, re-enactment, replacement or successor of such legislation).

For the avoidance of doubt, this exclusion does not apply to **Claims** alleging misleading or deceptive conduct, consumer guarantees or other consumer protection provisions under Schedule 2 of the Competition and Consumer Act 2010 (Cth) (Australian Consumer Law) or equivalent Fair Trading legislation, arising from the conduct of the **Professional Services**.

### 9.2.2 Asbestos

arising directly or indirectly from, in connection with or in respect of asbestos, asbestos fibres or derivatives of asbestos.

### 9.2.3 Assumption of liability

arising directly or indirectly from, in connection with or in respect of any liability which the **Insured** has assumed that would not be assumed in the ordinary course of, and as a necessary part of the **Professional Services**, as would be customary for a prudent operator carrying on business of the same nature as the **Insured**. This includes any liability assumed under any express warranty, guarantee, liquidated damages or penalty provision in a contract or agreement.

In the event of any conflict between this exclusion and insurance clarification 6.2 'Contractual liability', insurance clarification 6.6 'Liquidated damages', extension 7.9 'Implied warranties and conditions', optional extension 8.1 'Collateral warranties', optional extension 8.2 'Extended duty of care', optional extension 8.5 'Hold harmless contractual liability', optional extension 8.6 'Novation agreements', or optional extension 8.9 'Proportionate liability waiver', the applicable insurance clarification, extension or optional extension will prevail.

### 9.2.4 Commercial and financial risks

arising directly or indirectly from, in connection with or in respect of:

- (a) the **Insolvency** of the **Insured**;
- (b) the **Insolvency** of any party involved in any project, including but not limited to any sub-contractor;
- (c) any trading debt incurred by the **Insured**;
- (d) any guarantee given by the **Insured** for a debt;
- (e) the failure to provide, effect or maintain any bond, surety or insurance;
- (f) any advice on accounting, financial, insurance, marketing or taxation matters; or
- (g) any representation or estimation of construction costs, unless made or undertaken by:
  - (i) a quantity surveyor who is a member of the Australian Institute of Quantity Surveyors; or
  - (ii) a qualified engineer or architect with demonstrable competence, knowledge and experience to make such estimates, and where such estimates have been reviewed and signed off by a **Principal**.

A reference to "**Policyholder**" in the definition of **Insolvency** in section 12 of the **Policy** for the purpose of (a) above is deemed to be a reference to such **Insured** and for the purpose of (b) above is deemed to be a reference to any party involved in any project, including but not limited to any sub-contractor.

### 9.2.5 Construction and manufacturing activities

arising directly or indirectly from, in connection with or in respect of any construction, renovation, alteration, addition, manufacturing, fabrication, installation, processing, erection, maintenance, demolition, assembly, disassembly or repair conducted by or on behalf of the **Insured**.

### 9.2.6 Directors and officers liability

arising directly or indirectly from, in connection with or in respect of the **Insured's** functions and duties as a director and/or officer of the **Insured** or any legal entity, corporation or other incorporated body.

### 9.2.7 Dishonest, fraudulent or criminal acts

arising directly or indirectly from, in connection with or in respect of any:

- (a) dishonest, fraudulent or malicious act or omission by the **Insured**; or
- (b) criminal act or omission or breach of any statute committed by the **Insured** with reckless or wilful intent, other than as provided for in extension 7.8 'Fraud and dishonesty'.

### 9.2.8 Employer's liability

arising directly or indirectly from, in connection with or in respect of:

- (a) the death, bodily injury, disease or illness of any **Insured**, or any of the **Insured's** contractors, sub-contractors or deemed workers/deemed employees arising out of or in the course of or in respect of their employment or engagement with the **Insured**; or
- (b) a breach of any obligation owed by the **Insured** as an employer, to an **Employee** or a deemed worker/deemed employee.

### 9.2.9 Extended duty of care

arising directly or indirectly from, in connection with or in respect of any obligation imposed by an express or implied term in a contract to exercise more than reasonable care.

### 9.2.10 Fines, penalties, punitive or aggravated damages

arising directly or indirectly from, in connection with or in respect of fines or penalties including civil penalties, punitive or aggravated damages.

### 9.2.11 Fitness for purpose

arising directly or indirectly from, in connection with or in respect of any express fitness for purpose term of a contract.

### 9.2.12 Force majeure

arising directly or indirectly from, in connection with or in respect of fire, smoke, explosion, solar flare, lightning, voltage, wind, water, flood, earthquake, volcanic eruption, tidal wave, landslide, hail or act of God, however caused, except that this exclusion will not apply:

- (a) to the extent that the **Insured's** civil liability under a covered **Claim** directly arises from conduct allegedly committed by:
  - (i) the **Insured** in conducting the **Professional Services**; or
  - (ii) a contractor, subcontractor, consultant or agent of the **Insured** in conducting the **Professional Services** on behalf of the **Insured**;
- (b) to an **Inquiry Notice** that arises directly from conduct allegedly committed by the **Insured** in conducting the **Professional Services**;
- (c) to extension 7.14 'Lost documents'; and
- (d) to **Mitigation Costs** under extension 7.15 'Mitigation of loss and rectification', to the extent the loss or potential loss would otherwise be the subject of a covered **Claim** as set out in (a) above.

### 9.2.13 Infrastructure failure

arising directly or indirectly from, in connection with or in respect of any failure, interruption or malfunction of:

- (a) financial securities, stock exchanges or clearing houses; or
- (b) power, water, oil, gas, electrical, sewage, telecommunications, internet, satellite, other utilities, or mechanical infrastructure or services not under the operational control of the **Insured**.

### 9.2.14 Licensing inquiries or investigations

arising directly or indirectly from, in connection with or in respect of any prosecution, inquiry, hearing, commission or other investigation in relation to the **Insured** failing to be properly licensed, registered or accredited to provide **Professional Services** as required by any law or other regulation including industry codes of practice.

### 9.2.15 Owners and occupiers liability

arising directly or indirectly from, in connection with or in respect of the use, occupation, ownership, lease, management, control or occupation of real property by or on behalf of the **Insured**.

### 9.2.16 Pollution

arising directly or indirectly from, in connection with or in respect of the actual, alleged or threatened discharge, dispersal, release, seepage, migration or escape of smoke, vapours, soot, fumes, acids, alkalis, toxic chemicals, mould, spores, mycotoxins, fungi, liquids, gases, wet tailings, waste materials or other irritants, contaminants or pollutants into or upon any property, land, the atmosphere or any watercourse or body of water (including groundwater) unless such discharge, dispersal, release, seepage, migration or escape:

- (a) is sudden, identifiable, unintended and unexpected from the standpoint of the **Insured**;
- (b) takes place in its entirety at a specific time and place; and
- (c) occurs outside of the United States of America, its territories or protectorates.

### 9.2.17 Products, goods, materials or raw materials defects

arising directly or indirectly from, in connection with or in respect of:

- (a) any actual or alleged defect in any product, good, material or raw material except to the extent that:
  - (i) such defect is caused by an act, error or omission of the **Insured** in the conduct of the **Professional Services**; or
  - (ii) such product, good, material or raw material was recommended by the **Insured** and such recommendation was made in the course of or forms part of the conduct of the **Professional Services** by the **Insured**; or
- (b) the sale, supply or storage of any product or good by or on behalf of the **Insured** or any contractor, subcontractor, consultant or agent of the **Insured**;
- (c) withdrawing a product or good from sale or recalling any product or good.

### 9.2.18 Radioactivity

arising directly or indirectly from, in connection with or in respect of ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear device or assembly, or a nuclear component thereof.

### 9.2.19 Related parties

arising directly or indirectly from, in connection with or in respect of any **Claim** brought by:

- (a) any **Insured**;
- (b) any **Subsidiary**;
- (c) any company or trust which is operated or controlled by the **Insured** or its nominees or trustees and in which an **Insured** has a direct or indirect financial interest;
- (d) any trustee of a trust of which an **Insured** or a **Relative** of an **Insured** is a beneficiary;
- (e) any company in which an **Insured** has or has held at least a 20% financial interest and has or has had board representation on that company;
- (f) any **Relative** or any company owned or controlled by a **Relative**, unless the **Professional Services** that gave rise to the **Claim** were signed off by a **Principal** of the **Policyholder** who is a person not related to the **Relative**; or
- (g) any company, trust or person having a direct or indirect financial, executive or controlling interest in the **Insured**, unless such interest is less than 20%.

This exclusion will not apply to:

- (i) a cross-claim or **Claim** brought by an **Insured** against another **Insured** for the purposes of contribution or indemnity where a claim is brought by a third party; or
- (ii) a **Claim** brought by or on behalf of a **Policyholder's** or **Subsidiaries' Employee** directly in relation to **Professional Services** provided by an **Insured** to that **Employee**.

### 9.2.20 Subrogation waiver

arising directly or indirectly from, in connection with or in respect of any liability which is incurred or affected by reason of the **Insured** at any time entering into a deed or agreement excluding, limiting or delaying the **Insured's** legal rights of recovery against any other person, firm or entity, other than a deed or agreement the **Insured** has entered into at the direction of or with the prior consent of the **Insurer**.

### 9.2.21 Terrorism

arising directly or indirectly from, in connection with or in respect of:

- (a) any **Act of Terrorism**; or
- (b) any action taken in controlling, preventing, suppressing or in any way relating to any **Act of Terrorism**.

### 9.2.22 Trade debts

arising directly or indirectly from, in connection with or in respect of any trade debt incurred, or any guarantee in respect of such debt given, by the **Insured**.

## 9.3 Section 3

### 9.3.1 Sanctions

The **Insurer** will not provide any cover, pay any claim, make any payment (including any refund), or provide any benefit under this **Policy**, if doing so will expose the **Insurer** to, or contravene or violate any sanction, prohibition, restriction, proscription or prevention under any sanctions, laws or regulations, including but not limited to sanctions, laws or regulations of Australia, New Zealand, the European Union, the United Kingdom or the United States of America or those set out in any United Nations resolutions.

## 10. Claims conditions

In the event of a failure by the **Insured** to comply with a provision requiring the **Insured's** compliance under this section 10 'Claims conditions', the **Insurer** may be able to:

- (a) refuse a claim but only to the extent that such failure caused or contributed to the loss which gives rise to the claim;
- (b) reduce its liability to pay a claim by an amount that fairly represents the extent to which the **Insurer's** interests are prejudiced by the failure to comply; or
- (c) cancel the **Policy**.

### 10.1 Claims notifications

The **Insured** must give the **Insurer** a notification of any **Claim** made against the **Insured** and **Inquiry Notice** received by the **Insured**, as soon as reasonably possible during the **Policy Period** (or any additional or extended reporting period applicable under the **Policy**).

Every legal document or other communication the **Insured** receives (including letters, demands, writs, summons and legal processes) relating to such **Claim** or **Inquiry Notice** must be forwarded to the **Insurer** as soon as reasonably possible after receipt.

All notifications to the **Insurer** including but not limited to **Claims** and any legal documents and other communications specified above must be sent to the Claims Notification address specified in the **Schedule**.

## 10.2 Claims co-operation

The **Insurer** may make any investigation as is reasonably required in relation to the **Claim** or **Inquiry Notice**. The **Insured** must:

- (a) cooperate and provide the **Insurer** with reasonable assistance in connection with any investigation, negotiation, recovery, defence and legal proceeding or settlement of a **Claim** or **Inquiry Notice**. This assistance may include:
  - (i) lodging a police report;
  - (ii) providing a more detailed version of facts, including signing statements and affidavits;
  - (iii) providing further information, evidence and documentation;
  - (iv) attending court or meetings with appointed legal or other experts;
  - (v) making available **Employees** and **Principals** for interviews, meetings and court attendance;
  - (vi) providing contact details of individuals (if available) who may have information that is relevant to the **Claim** (to the extent that the provision of such details would not breach any legally enforceable privacy or confidentiality requirement); or
  - (vii) providing access to systems and records (to the extent that doing so would not breach any legally enforceable privacy or confidentiality requirement); and
- (b) where reasonably possible, take steps to avoid or diminish further loss, for example:
  - (i) stopping the use of processes or documentation which the **Insured** suspects may have contributed to the loss claimed by the third party;
  - (ii) where applicable to the **Insured's Professional Services**, checking the functionality of any standard measures, processes or procedures (for example, risk control processes) in place to prevent loss;
  - (iii) avoiding confrontational engagement with an aggravated claimant;
  - (iv) maintaining a detailed record of all communications with any party about the loss; or
  - (v) where the **Insured** is the **Policyholder**, taking steps which a reasonable person in the **Insured's** professional position would take (for example, suspending an employee) where the **Insured** has confirmed or suspects dishonesty or a fraudulent or malicious act or omission has contributed to the loss claimed by the third party.

Any costs of the **Insured** to comply with the above requirements must be borne by the **Insured**, unless otherwise covered under the **Policy**.

## 10.3 Claims conduct

### 10.3.1 Conducting defence and settlement of the claim

The **Insurer** has the right and full discretion but is not obligated to take over and conduct in the name of the **Insured** the defence or settlement of any **Claim** or investigation relating to an **Inquiry Notice** (including in relation to insured, underinsured and uninsured losses). The **Insurer** may engage legal or other representatives to assist in the conduct of the **Claim** or **Inquiry Notice**.

The **Insurer** reserves entirely its rights under this **Policy**, including its right to agree or deny cover while it assesses a **Claim** or **Inquiry Notice** or conducts the defence. The **Insurer's** rights under this **Policy** are not affected if it does not conduct the defence.

### 10.3.2 Where the insured disputes the approach to defending the claim

If the **Insured** disputes the **Insurer's** approach to defending the **Claim** or **Inquiry Notice**, the **Insured** and **Insurer** will endeavour to settle this dispute by mediation administered by the Australian Disputes Centre (ADC) before having recourse to arbitration or litigation.

The mediation will be conducted in accordance with the ADC Guidelines for Commercial Mediation operating at the time the matter is referred to the ADC (the Guidelines).

The terms of the Guidelines are hereby deemed incorporated into this **Policy**.

## 10.4 Claims settlement

The **Insured** must not settle or offer to settle any **Claim**, incur any **Insured Costs**, incur any **Inquiry Costs** or otherwise assume any contractual obligation or admit any liability in respect of any **Claim** or **Inquiry Notice** without the **Insurer's** prior consent.

If the **Insured** objects to a proposal by the **Insurer** to settle or compromise any **Claim** payable under this **Policy** and wishes to contest or litigate the matter, then the **Insured** may so elect, but the **Insurer's** liability in respect of any such **Claim** so contested or litigated will not exceed the amount for which, but for such election, it could have been settled or compromised by the **Insurer**, together with **Insured Costs** payable in accordance with the terms of this **Policy** and incurred up to the time of such election, subject to the **Excess** and to the **Limit of Indemnity**.

If the **Insured** objects to a proposal by the **Insurer** to resolve any **Inquiry Notice** covered under this **Policy** and wishes to contest the matter, then the **Insured** may so elect, but the **Insurer's** liability for **Inquiry Costs** in respect of any such **Inquiry Notice** so contested will not exceed the amount which, but for such election, would have

been incurred by the **Insurer** to resolve the matter, subject to the 'Inquiry Costs Excess' and the 'Inquiry Costs Sub-limit' specified in the **Schedule**.

## 10.5 Allocation of loss

### 10.5.1 When this clause applies

This clause applies to any civil liability for compensation and **Claimant's Costs, Insured Costs** and compensation for court attendance in respect of any **Claim**, and **Inquiry Costs** (referred to collectively as "Loss" under this clause), which is either or both:

- (a) in respect of more than one person or entity (at least one of whom is an **Insured**), whether jointly or severally; or
- (b) partly covered and partly not covered under this **Policy**,  
(together 'Loss to be Allocated').

The **Insurer** must decide a fair and reasonable allocation of the covered part of the Loss to be Allocated among the relevant **Insureds** and the **Insurer** having regard to the extent of each **Insured's** comparative responsibility for the Loss to be Allocated.

### 10.5.2 What the insurer must take into account when deciding loss to be allocated

The **Insurer's** consideration of what is fair and reasonable will include without limitation, the following factors:

- (a) the nature of the **Claim** or **Inquiry Notice** against each **Insured**;
- (b) the issues of fact and law in relation to each **Insured**;
- (c) the content and the manner of the conduct of any defence of the **Claim** or **Inquiry Notice**;
- (d) the relative degree of personal responsibility for the Loss;
- (e) the extent to which the **Insured's** responsibility for the Loss is joint, several or shared;
- (f) the extent to which any person or entity, other than that **Insured**, would obtain a benefit from the payment by the **Insurer**;
- (g) the extent to which the Loss is solely of that **Insured**;
- (h) the extent to which the issues in the **Claim** or **Inquiry Notice** against that **Insured** are in common with the issues in the **Claim** or **Inquiry Notice** against any other person or entity;
- (i) the extent to which the Loss is partly covered and partly not covered under this **Policy**; and
- (j) in the event of a settlement, the likely comparative responsibility had the settlement not occurred.

### 10.5.3 If the insured does not agree with the insurer's decision relating to the allocation of loss

If the **Insured** wishes to dispute the **Insurer's** decision in respect of allocation, each party agrees that the dispute must be referred for expert determination in accordance with the Australian Disputes Centre's ("ADC") Rules for Expert Determination ("Rules") available on the ADC's website, to an expert agreed by the parties, or if the parties do not agree on an expert, an expert appointed by the ADC in accordance with the Rules.

Each party agrees to sign an agreement with the expert that confirms the following matters, unless contrary to the Rules or the requirements of the ADC:

- (a) the payment of fees for the appointed expert (Note: refer to 'Cost of the expert determination' below for more information);
- (b) the expert may:
  - (i) consider relevant industry practice;
  - (ii) consider all information presented to the expert by either party;
  - (iii) request more information from either party; or
  - (iv) request a meeting with the parties (to which they may bring their legal representatives or other persons with information or knowledge relevant to the determination) (Note: in accordance with the Rules, the meeting is not a hearing);
- (c) the expert must provide a determination, subject to receiving all information required, within thirty days after the agreement is signed, unless:
  - (i) another time is agreed between the parties, in which case the agreement will provide for this timeframe; or
  - (ii) the expert must comply with a timeframe as set by the ADC, in which case the agreement will provide for this timeframe;
- (d) the expert must provide written reasons for the determination;
- (e) the expert's decision will be binding on the parties and final; and
- (f) the liability of the expert to either party (including liability for negligence) will be excluded to the full extent permitted by law.

This allocation applies for all purposes under this **Policy** including extension 7.1 'Advancement of costs'.

Any allocation of Loss will not apply to or create a presumption with respect to the allocation of other Loss on account of such **Claim**.

#### 10.5.4 Cost of the expert determination

The **Insurer** will pay for the cost of the expert determination above, including the **Insured's** share of the costs.

The ADC may require each party to bear the cost of the expert determination in equal proportions and require each party to individually pay their share of any cost required directly (including any fee, deposit or other amount charged). Where this is required, the **Insured** must pay the costs accordingly and the **Insurer** will separately reimburse the **Insured** for the cost of the expert determination.

#### 10.6 Recovery rights

##### 10.6.1 Preservation of rights of recovery

The **Insured** must not, without the **Insurer's** prior consent, enter into any of the following in relation to a **Claim**:

- (a) any agreement whereby the **Insured** releases, agrees not to sue on, waives or prejudices, any rights to recover from a person or organisation who is or could have been liable to compensate the **Insured** for any loss, damage or legal liability;
- (b) any deed or agreement excluding, limiting or delaying the legal rights of recovery against another party; or
- (c) any arrangement or compromise or do any act whereby any rights or remedies to which the **Insurer** would be subrogated in respect to such loss, damage or legal liability are or may be prejudiced.

Where the **Insured** does not comply with the above, the **Insurer** may not cover the **Insured** under this **Policy** for any such loss, damage or legal liability.

##### 10.6.2 Rights of recovery

In the event of any payment under this **Policy**, the **Insurer** will be subrogated to all the **Insured's** rights of recovery against any person or organisation.

The **Insurer** has the right and full discretion but is not obligated to take over and conduct in the name of the **Insured** any recovery action (including in relation to insured, uninsured and underinsured losses). The **Insurer** may engage legal or other representatives to assist in the conduct of any recovery action.

The **Insurer** will not exercise its rights of subrogation against an **Insured** in connection with a **Claim**, unless it can establish that exclusion 9.2.7 'Dishonest, fraudulent or criminal acts' applies to that **Claim** and to that **Insured**.

#### 10.7 Application of recoveries

All recoveries obtained from other parties will be allocated, after the settlement of any **Claim** under this **Policy**, as follows:

- (a) firstly, to the benefit of the **Insured** to reduce or extinguish the amount of compensation, **Claimant's Costs** or **Insured Costs** to the extent that such amounts would have been paid under this **Policy** but for the fact that such amounts exceed the sum of:
  - (i) the **Limit of Indemnity**, or the amount of any specified limit applicable to a specific clause where applicable;
  - (ii) if the 'Basis of Limit' is specified as 'Costs in Addition', **Insured Costs** payable in addition to the **Limit of Indemnity**; and
  - (iii) the **Excess** where applicable;
- (b) secondly, to the benefit of the **Insurer** for all sums paid in settlement, defence or investigation of any **Claim** under this **Policy**; and
- (c) thirdly, to the benefit of the **Insured** for the **Excess** under this **Policy**.

All recoveries will be applied as above only after deduction of the reasonable cost of obtaining such recovery. All recoveries made prior to settlement of any **Claim** under this **Policy** will be held for the benefit of the **Insurer** and applied as stated above after settlement if any is made.

Recoveries do not include any amount recovered from insurance, surety, reinsurance, security or indemnity taken for the benefit of the **Insurer**.

#### 10.8 Fidelity mitigation

This claim condition applies to optional extension 8.3 'Fidelity'.

The **Insured** must as soon as reasonably possible after the discovery of facts or circumstances that caused the **Insured** to suspect that acts of fraud or dishonesty have been committed in connection with the **Professional Services** or that someone was intending to commit such acts, take the following steps to prevent loss or further loss of money :

- (a) secure the money that may be the subject of the fraud or dishonesty;
- (b) check the functionality of any security measures or processes in place to prevent fraud or dishonesty;

- (c) suspend or increase supervision of any **Employee** suspected of committing or intending to commit any act of fraud or dishonesty;
- (d) notify the police of the suspected fraud or dishonesty; or
- (e) take any additional action a reasonable person in the **Insured's** position would take to prevent loss or further loss of money.

### 10.9 Fidelity recoveries

This claim condition applies to optional extension 8.3 'Fidelity'.

In the event of any payment in respect of a **Fidelity Claim**:

- (a) the **Policyholder** must, if requested by the **Insurer**, take steps to help recover the lost money from any person committing or condoning the dishonest or fraudulent act or from the legal representatives of such person. This help may include:
  - (i) providing a more detailed version of events including completing a diagram or statement/affidavit;
  - (ii) providing copies of any available photographs or footage of the incident;
  - (iii) lodging a police report;
  - (iv) filing searches to locate the person or their representative;
  - (v) attending court (only if required); or
  - (vi) providing evidence and documentation relevant to the **Fidelity Claim** and executing such documents, including signed statements which the **Insurer** reasonably requests; and
- (b) to the extent allowed by law, the **Insurer** will deduct the following from any amount payable in respect of loss of money caused by or resulting from a dishonest or fraudulent act:
  - (i) any monies which but for such dishonest or fraudulent act would be due from the **Policyholder** to the person committing or condoning such act but only to the extent that the **Policyholder** has the right to offset such amount against the amount of the lost money;
  - (ii) any monies held by the **Policyholder** and belonging to such person, but only to the extent that the **Policyholder** has the right to offset such amounts against the amount of the lost money; and
  - (iii) any monies recovered under (a) above.

## 11. General conditions

### 11.1 Assignment

This **Policy** cannot be assigned by the **Policyholder**.

### 11.2 Authorisation

The **Principal Policyholder** is the agent for each **Insured** and each **Insured** is bound by any direction, statement, act or omission of the **Principal Policyholder** for all purposes under this **Policy**, subject to claims condition 10.3 'Claims conduct' and general condition 11.11 'Severability and non imputation'.

### 11.3 Cancellation

The **Principal Policyholder** may cancel this **Policy** at any time in writing to the **Insurer** and specify the date from which it would like to cancel the **Policy**. The date cannot be earlier than the date the **Insurer** receives the request.

The **Insurer** may cancel this **Policy** where the law allows the **Insurer** to do so, including where:

- (a) an **Insured** has failed to comply with a provision of the **Policy**; or
- (b) the **Policyholder** has failed to comply with a provision of the **Policy** including with respect to payment of premium.

Upon cancellation, the **Insurer** will retain a short period premium calculated at the pro rata proportion of the **Full Annual Premium** for the time it has been on risk. The **Insurer** will refund to the **Principal Policyholder** the balance of the premium actually paid (including applicable and refundable stamp duty, GST and other government charges or levies) less any non-refundable government charges, unless there have been any notifications during the **Policy Period** or the **Policy** is cancelled due to fraud, in which case no refund will be given.

### 11.4 Endorsements

An **Endorsement** does not affect or increase the **Limit of Indemnity**, the **Maximum Aggregate Limit of Indemnity**, any sub-limit or any other term, except to the extent specifically provided in the **Endorsement**. Each **Endorsement** is otherwise subject to all the terms of this **Policy**.

## 11.5 Goods and services tax

As part of the premium, the **Insurer** will charge the **Policyholder** an amount on account of GST, stamp duty and any other government charges and levies that apply. The premium also includes any discounts the **Insurer** has given the **Policyholder**, and these discounts are applied before the addition of any applicable government taxes and charges.

The **Insured** must tell the **Insurer** about the input tax credit (ITC) the **Insured** is entitled to for their premium and the **Insured's** claim, each time the **Insured** makes a claim. If the **Insured** does not give the **Insurer** this information or if the **Insured** tells the **Insurer** an incorrect ITC, the **Insurer** will not pay any GST liability the **Insured** incurs.

The **Insurer's** liability to the **Insured** will be calculated taking into account any ITC to which the **Insured** is entitled for any acquisition which is relevant to the claim, or to which the **Insured** would have been entitled had the **Insured** made a relevant acquisition.

In respect of the **Insured's Policy**, where the **Insured** is registered for GST purposes the **Insured** should calculate the insured amount having regard to the **Insured's** entitlement to ITCs. The **Insured** should, therefore, consider the net amount (after all ITCs) which is to be insured and determine an insured amount on a GST exclusive basis.

This outline of the effect of the GST on the **Insured's Policy** is for general information only. The **Insured** should not rely on this information without first seeking expert advice on the application of the GST to the **Insured's** circumstances.

'GST', 'input tax credit' and 'acquisition' have the meaning given in A New Tax System (Goods and Services Tax) Act 1999 (Cth).

## 11.6 Governing law

The **Policy** will be governed in accordance with law of the State or Territory of Australia in which the **Policy** was issued. Any disputes relating to interpretation will be submitted to the exclusive jurisdiction of the courts of Australia.

## 11.7 Interpretation

In this **Policy** the singular includes the plural and vice versa. The neutral gender includes the female and male genders.

A reference in this **Policy** to any legislation or legislative provision includes any statutory modification or re-enactment of, or legislative provision substituted for, and any subordinate legislation issued under, that legislation or legislative provision (whether of the Commonwealth of Australia or elsewhere).

The titles and headings to the various sections of the **Policy** are included solely for ease of reference and do not in any way limit or expand or otherwise affect the terms of such sections.

## 11.8 Material change

### 11.8.1 The policyholder's obligation to notify the insurer of certain matters

The **Policyholder** must notify the **Insurer** during the **Policy Period** as soon as reasonably possible of any of the following matters:

- (a) if the **Insured** starts (or intends to start) conducting services that differ from the **Professional Services**;
- (b) if the **Insured** starts (or intends to start) conducting specific activities (being activities specifically asked about on the **Proposal** or by the **Insurer**), where at the time of commencing or renewing the **Policy**, the **Insured** had advised the **Insurer** that it did not conduct those specific activities, including any express or passive confirmation of such at the time of renewing the **Policy**;
- (c) if there has been a loss of or condition imposed upon any licence or authority required by the **Insured** to conduct the **Professional Services**;
- (d) if there has been a loss of or condition imposed upon any professional membership held by the **Insured** in connection with the **Professional Services**;
- (e) the **Policyholder** becomes **Insolvent**;
- (f) if optional extension 8.8 'Principal's previous business' is noted as 'Included' in the **Schedule**, a new principal, who was previously a principal of another business, starts working for the **Insured**.

If the **Policyholder** has not told the **Insurer** about any of the above matters having occurred during any other period of insurance the **Policyholder** held this **Policy** with the **Insurer**, the **Policyholder** must notify the **Insurer** as soon as reasonably possible.

### 11.8.2 What will happen once the policyholder contacts the insurer

Following notification of the matters referred to in (a) to (f) above, the **Insurer** will advise the **Policyholder** as to whether it is willing to provide additional cover or continue offering cover, and if so, on what terms (for example, any endorsements, additional excess or special condition that may need to be applied) and for what additional premium (if any). Factors taken into account when considering the provision of cover include but are not limited to the nature of the matter or matters notified of under paragraphs (a) to (f), the **Insurer's** risk appetite and underwriting guidelines.

If the change in risk means that the risk is no longer acceptable under the **Insurer's** risk appetite or underwriting guidelines, the **Insurer** may cancel the **Policy**.

Any offer by the **Insurer** to provide additional cover is not effective until the **Policyholder** provides the **Insurer** with written acceptance of the **Insurer's** offer. Until that time, the changes in cover notified in the offer are not covered.

The **Policyholder** is entitled to cancel the **Policy** at any time, including where the **Insurer** does not offer to cover the change in risk or the **Policyholder** does not accept the **Insurer's** offer to cover the change in risk.

If a **Claim** arises from changes in risk which are not yet covered or the **Insurer** does not agree to provide cover, the **Insurer** may reduce or refuse to pay such claim to the extent it arises from the change in risk.

If the **Policyholder** does not contact the **Insurer** as required, it may lead to the **Insurer**:

- (a) refusing a claim, but only to the extent that such failure caused or contributed to the loss which gives rise to the claim;
- (b) reducing a claim, but only by an amount that fairly represents the extent to which the **Insurer's** interests are prejudiced by that failure; and/or
- (c) cancelling this **Policy**.

### 11.9 Other insurance

If at the time any claim arises under this **Policy** there is any other insurance in force covering the same liability, the **Policyholder** must as soon as reasonably possible give to the **Insurer** full details of such other insurance, including the identity of the insurer and the policy number, and such further information as the **Insurer** may reasonably require. This is to enable the **Insurer** to exercise its right to seek contribution from the insurer of that other insurance.

### 11.10 Payment of premium

The **Policyholder** must pay the 'Premium' specified in the **Schedule** for the **Policy Period** to the **Insurer** by the due date. The due date is on or before ninety days after the inception date of the **Policy Period** or such other time that the **Insurer** agrees in writing. If the **Policyholder** fails to pay the 'Premium' by the due date, the **Insurer** is entitled to cancel this **Policy** where the law allows it to do so.

### 11.11 Severability and non imputation

Where this **Policy** insures more than one party, any failure on the part of any of the parties to:

- (a) comply with the duty of disclosure under the Insurance Contracts Act 1984 (Cth);
- (b) comply with any obligation under this **Policy** (other than the obligation to pay premium); or
- (c) refrain from conduct which is dishonest, fraudulent, criminal or malicious,

will not prejudice the right of the remaining party or parties to indemnity under this **Policy**, provided that such remaining party or parties must:

- (i) be entirely innocent of and have had no prior knowledge of any such failure; and
- (ii) as soon as reasonably possible after becoming aware of any such failure, advise the **Insurer** in writing of all its relevant circumstances.

### 11.12 Territorial and jurisdictional limits of cover

This **Policy** provides cover for:

- (a) any civil liability resulting from the conduct of the **Professional Services** anywhere in the world; and
- (b) **Claims** made anywhere in the world, except for those **Claims**:
  - (i) brought in a court of law, arbitration, tribunal, forum or other body entitled to impose enforceable orders against the **Insured** in the United States of America; or
  - (ii) arising from the enforcement of any judgment, order or award in respect of any action brought in any court of law, arbitration, tribunal or other judicial body in the United States of America.

For the purpose of this general condition the United States of America includes its territories and protectorates.

### 11.13 Variation of the policy

No variation of this **Policy** will be effective, unless made by **Endorsement**.

### 11.14 Words with special meaning

Some of the words in this **Policy** have special meanings. These meanings can be found in Section 12 'Definitions' of this policy wording. If a word has a special meaning, it appears in this policy wording in bold type and with a capital letter. Capitalised words used in the **Endorsements** and in the **Schedule** without bolding have the same meaning given to them as in Section 12 'Definitions' of this policy wording unless they are defined differently in that document. If the words are defined differently in an **Endorsement** that definition only applies to that **Endorsement**, unless clearly specified otherwise in that **Endorsement**.

## 12. Definitions

For the purpose of this **Policy**:

**Act of Terrorism** means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organisation(s) or government(s), which from its nature or context is done for, or in connection with, political, religious, ideological, ethnic or similar purposes or reasons, including the intention to influence any government or to put the public, or any section of the public, in fear.

**Adverse Publicity Event** means an event which, in the reasonable opinion of a **Principal** of the **Policyholder**, might cause the reputation of the **Insured** to be seriously affected by adverse or negative publicity.

**Claim** means any demand made by a third party upon the **Insured** for compensation, however conveyed, including a writ, statement of claim, application or other legal or arbitral process.

**Claimant's Costs** means legal costs and expenses the **Insured** is liable to pay to the person making a **Claim** against the **Insured**.

**Collateral Warranty** means a legal agreement or deed that extends the **Insured's** duties and obligations under a contract to a third party who was not a party with whom the **Insured** originally contracted to provide **Professional Services**.

**Computer System** means any computer, hardware, software, communications system, electronic device (including, but not limited to, smart phone, laptop, tablet, wearable device), server, cloud or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility.

**Control** has the meaning given by section 50AA of the Corporations Act 2001 (Cth).

**Cyber Act** means an unauthorised, malicious or criminal act or series of related unauthorised, malicious or criminal acts, regardless of time and place, or the threat or hoax thereof involving access to, processing of, use of or operation of any **Computer System**.

**Data** means information, facts, concepts, code or any other information of any kind that is converted, recorded or transmitted in a form to be accessed, communicated, displayed, distributed, interpreted, processed, transmitted, stored or used in or by a **Computer System**.

**Documents** means deeds, wills, agreements, maps, plans, records, computer records, electronic data, written or printed books, letters, certificates, written or printed documents or forms of any nature (excluding any bearer bonds, coupons, bank or currency notes or other negotiable instruments) which is the property of the **Policyholder** or for which the **Policyholder** is responsible.

**Employee** means a natural person (other than a **Principal**) employed under a contract of service or apprenticeship and includes any trainee, volunteer and casual, part-time, seasonal, temporary and work experience personnel.

**Endorsement** means any document which is described as an endorsement to this **Policy** and intends to vary it.

**Excess** means the amount shown in the **Schedule** except in respect of:

- (a) **Inquiry Costs** in which case it means the amount shown in the **Schedule** as the 'Inquiry Costs Excess';
- (b) **Public Relations Expenses** in which case it means \$1,000; or
- (c) a **Fidelity Claim** in which case it means the **Fidelity Excess**.

**Fidelity Claim** means direct financial or physical loss of money belonging to or in the care, custody or control of the **Policyholder**, sustained by the **Policyholder** and caused by any dishonest or fraudulent act committed by an **Employee** of the **Insured** (whether acting alone or in collusion with any other person) with the likely intent to cause the **Policyholder** to sustain such loss or to obtain a financial gain for themselves or any third party in connection with the **Professional Services**.

**Fidelity Claim** does not include:

- (a) regular or overtime wages, salaries, fees or benefits earned in the normal course of employment; or
- (b) damages of any type, including but not limited to punitive, exemplary or aggravated damages.

**Fidelity Excess** means the 'Fidelity Excess' specified on the **Schedule** and represents the first amount which is payable by the **Principal Policyholder** in respect of loss of money.

**Full Annual Premium** means the annual premium payable by the **Principal Policyholder**, including any additional premium which becomes payable in respect of the **Policy Period**.

**Inquiring Body** means any official body or institution empowered by law to investigate the professional conduct of the **Insured** including but not limited to a coroner's court, Royal Commission, statutory regulatory body, tribunal or legally constituted industry or professional board but excluding any parliament or any committee of a parliament.

**Inquiry Costs** means legal costs and expenses (not being **Insured Costs**) incurred by the **Insurer**, or by the **Insured** arising out of any notice from an **Inquiring Body** requiring or inviting a response from the **Insured** or requiring or inviting the **Insured's** attendance at an investigation, inquiry or hearing held before the **Inquiring Body**.

**Inquiry Notice** means any notice that may result in the **Insured** incurring **Inquiry Costs**.

**Insolvency** or **Insolvent** means:

- (a) the **Policyholder** is an insolvent under administration or insolvent (each as defined in the Corporations Act 2001 (Cth));
- (b) the **Policyholder** has had a controller appointed or is in liquidation, in provisional liquidation, under administration, has been wound up or has had a receiver appointed to any part of its property;
- (c) the **Policyholder** is subject to any arrangement, assignment, moratorium, compromise or composition, it is protected from creditors under any statute or it is dissolved (in each case, other than to carry out a reconstruction or amalgamation while solvent);
- (d) an application or order has been made, resolution passed, proposal put forward or any other action taken which is preparatory to or could result in any of (a), (b) or (c) above;
- (e) the **Policyholder** is taken (under Section 459F(1) of the Corporations Act 2001 (Cth)) to have failed to comply with a statutory demand;
- (f) the **Policyholder** is otherwise unable to pay its debts when they fall due; or
- (g) in respect to the **Policyholder**, an event having the same or similar effect to (a) to (e) above, occurring under the law of any jurisdiction outside of the Commonwealth of Australia.

**Insured** means:

- (a) the **Policyholder**;
- (b) any **Subsidiary**;
- (c) any past and/or present **Employee** of the **Policyholder** or **Subsidiary**, but only in his or her capacity as such;
- (d) any past and/or present **Principal** of the **Policyholder** or **Subsidiary**, but only in his or her capacity as such; and/or
- (e) the estate, heirs, legal representatives or legal assigns of any natural person insured under this **Policy** in the event of the death or legal incapacity of such person.

**Insured Costs** means the costs and expenses incurred by the **Insurer**, or by the **Insured**, in defending, investigating or settling any **Claim** (not being **Claimant's Costs**).

**Insurer** means AAI Limited ABN 48 005 297 807 trading as Vero Insurance.

**Limit of Indemnity** means the amount specified beside 'Limit of Indemnity' as shown in the **Schedule**.

**L.S.T.** or **Local Standard Time** means the time in the State or Territory of Australia in which the **Policy** was issued.

**Maximum Aggregate Limit of Indemnity** means the amount specified beside 'Maximum Aggregate Limit of Indemnity' as shown in the **Schedule**.

**Merger or Acquisition** means:

- (a) the **Policyholder** consolidating with, merging into or selling all or substantially all of its assets such that the **Policyholder** is not the surviving entity; or
- (b) any entity obtaining **Control** of the **Policyholder**.

**Mitigation Costs** means direct costs and expenses incurred by the **Insured** to mitigate, or to rectify, a loss or potential loss that would otherwise be the subject of a **Claim** under the **Policy**.

**New Subsidiary** means a subsidiary, as defined in the Corporations Act 2001 (Cth), of the **Policyholder** which is acquired by the **Policyholder** during the **Policy Period**.

**Novated Contract** means a contract entered into pursuant to a novation deed or agreement whereby the **Insured** is substituted as a contracting party or assumes the rights and professional services obligations of one or more parties under a previous contract.

**Policy** means the **Schedule**, the terms of this document and any **Endorsements**.

**Policyholder** means the firm or legal entity shown in the **Schedule**.

**Policy Period** means the time between 'From' and 'To' noted beside 'Policy Period' in the **Schedule**.

**Principal** means a sole practitioner, a partner of a firm or a director of a company.

**Principal Policyholder** means the **Policyholder** or if the **Policyholder** is more than one person or entity, the first person or entity listed as the 'Policyholder' in the **Schedule**.

**Privacy Breach** means an incident involving the unauthorised disclosure, loss, modification, misuse, interference or access of:

- (a) personal information, as defined in the Privacy Act 1988 (Cth) including any amendment, consolidation, re-enactment, replacement or successor of such legislation, or
- (b) third party corporate information that is identified as confidential.

**Professional Services** means the 'Professional Services' described in the **Schedule**, and no other, of the Policyholder or Subsidiary.

**Proposal** means the written proposal or declaration made by the **Policyholder** to the **Insurer** containing particulars and statements together with other information provided by the **Policyholder**.

**Public Relations Expenses** means the costs, charges, fees and expenses of a public relations firm or consultant engaged to prevent or limit the adverse effects of or negative publicity from an **Adverse Publicity Event**.

**Relative** means an **Insured's**:

- (a) **Spouse**;
- (b) parent;
- (c) children or siblings; or
- (d) the **Spouse**, parent, child or sibling of a **Relative** specified in (a), (b) or (c) above.

**Retroactive Date** means the 'Retroactive Date' as shown in the **Schedule**.

**Schedule** means the current Policy Schedule issued by the **Insurer** to the **Policyholder**.

**Spouse** means a lawful spouse, domestic partner (including without limitation same sex partner) or any person deriving similar status by reason of the common law or statute.

**Subsidiary** means a subsidiary, as defined in the Corporations Act 2001 (Cth), of the **Policyholder**, which:

- (a) was a subsidiary at the commencement date of the **Policy Period**;
- (b) is created by the **Policyholder** during the **Policy Period**; or
- (c) is a former subsidiary of the **Policyholder**, only in respect of civil liability arising out of any act, error or omission occurring prior to the date such subsidiary ceased to be a subsidiary of the **Policyholder**.

End of Policy wording

# Notices

These notices do not form part of the policy.

## Your duty of disclosure

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

- ▼ reduces the risk we insure you for; or
- ▼ is common knowledge; or
- ▼ we know or should know as an insurer; or
- ▼ we waive your duty to tell us about.

## If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## Statutory notice - Section 40 Insurance Contracts Act 1984 (Cth)

This is a 'claims made and notified' liability insurance policy. It only provides cover if a claim is made against the insured, by some other person, during the policy period, and notified to the insurer during the policy period.

Where your policy has an additional or extended reporting period, subject to the terms of the policy, you may have:

- (i) an additional period to tell us about claims first made against you during the policy period; and/or
- (ii) cover for claims first made against you during the extended reporting period and which you tell us about during the extended reporting period – provided the claims are based on an act, error, or omission alleged to have been committed prior to the expiry of the policy period.

The policy does not cover prior or pending claims or investigations (see exclusion 9.1.1 'Prior claims or known circumstances' in the policy), subject to extension 7.4 'Continuous cover' in the policy.

Section 40(3) of the Insurance Contracts Act 1984 (Cth) provides that where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured in respect of a loss suffered by some other person as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of the insurance cover provided by the contract.

If the insured, inadvertently or otherwise, does not notify the relevant facts to the insurer before the insurance cover provided by the contract expires, the insured may not have the benefit of section 40(3) of the Insurance Contracts Act 1984 (Cth) and the insurer may refuse to pay any subsequent claim, notwithstanding that the events giving rise to it or the acts, errors or omissions alleged in it may have taken place during the policy period.

If a claim is actually made against the insured by some other person during the policy period but is not notified to the insurer until after the policy has expired, the insurer may be able to reduce its liability by an amount that fairly represents the extent to which the insurer's interests were prejudiced as a result of the late notification (including potentially reducing its liability to zero).

If a retroactive date is applied or shown on the policy schedule, the policy doesn't cover claims resulting from an act or failure to do something before that date.

## Preservation of rights of recovery / subrogation waiver

This policy contains provisions that have the effect of excluding the insurer's liability for a loss or liability due to the insured entering into:

- (a) any agreement whereby the insured releases, agrees not to sue or waives or prejudices any rights of recovery;
- (b) any deed or agreement excluding, limiting or delaying the legal rights of recovery against another party; or
- (c) any agreement or compromise whereby any rights or remedies to which the insurer would be subrogated are or may be prejudiced.

## Overseas or worldwide activities

If this policy provides cover for the conduct of activities outside of Australia or claims brought in legal jurisdictions outside of Australia, it is possible other countries' laws or regulations may nevertheless prevent this policy from responding to provide that cover. If you conduct activities overseas you may wish to seek specific advice in relation to the relevant countries' insurance requirements from your insurance broker or a legal professional.

## Privacy statement

AAI Limited trading as Vero Insurance is the insurer and issuer of your commercial insurance product, and is a member of the Suncorp Group, which we'll refer to simply as "the Group".

### Why do we collect personal information?

Personal information is information or an opinion about an identified individual or an individual who is reasonably identifiable. We collect personal information so that we can:

- ▼ identify you and conduct appropriate checks;
- ▼ understand your requirements and provide you with a product or service;
- ▼ set up, administer and manage our products and services and systems, including the management and administration of underwriting and claims;
- ▼ assess and investigate any claims you make under one or more of our products;
- ▼ manage, train and develop our employees and representatives;
- ▼ manage complaints and disputes, and report to dispute resolution bodies; and
- ▼ get a better understanding of you, your needs, your behaviours and how you interact with us, so we can engage in product and service research, development and business strategy including managing the delivery of our services and products via the ways we communicate with you.

### What happens if you don't give us your personal information?

If we ask for your personal information and you don't give it to us, we may not be able to provide you with any, some, or all of the features of our products or services.

### How we handle your personal information

We collect your personal information directly from you and, in some cases, from other people or organisations. We also provide your personal information to other related companies in the Group, and they may disclose or use your personal information for the purposes described in 'Why do we collect personal information?' in relation to products and services they may provide to you. They may also use your personal information to help them provide products and services to other customers, but they'll never disclose your personal information to another customer without your consent.

Under various laws we will be (or may be) authorised or required to collect your personal information. These laws include the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), Personal Property Securities Act 2009 (Cth), Corporations Act 2001 (Cth), Autonomous Sanctions Act 2011 (Cth), Income Tax Assessment Act 1997 (Cth), Income Tax Assessment Act 1936 (Cth), Taxation Administration Act 1953 (Cth), A New Tax System (Goods and Services Tax) Act 1999 (Cth) and the Australian Securities and Investments Commission Act 2001 (Cth), as those laws are amended and includes any associated regulations.

We will use and disclose your personal information for the purposes we collected it as well as purposes that are related, where you would reasonably expect us to. We may disclose your personal information to and/or collect your personal information from:

- ▼ other companies within the Group and other trading divisions or departments within the same company (please see our Group Privacy Policy for a list of brands/companies);
- ▼ former Group companies while within the Group's technology infrastructure;
- ▼ any of our Group joint ventures where authorised or required;
- ▼ customer, product, business or strategic research and development organisations;
- ▼ data warehouse, strategic learning organisations, data partners, analytic consultants;
- ▼ social media and other virtual communities and networks where people create, share or exchange information;
- ▼ publicly available sources of information;
- ▼ clubs, associations, member loyalty or rewards programs and other industry relevant organisations;
- ▼ a third party that we've contracted to provide financial services, financial products or administrative services – for example:
  - ▼ information technology providers,
  - ▼ administration or business management services, consultancy firms, auditors and business management consultants,
  - ▼ marketing agencies and other marketing service providers,
  - ▼ claims management service providers,
  - ▼ print/mail/digital service providers, and

- ▼ imaging and document management services;
- ▼ any intermediaries, including your agent, adviser, a broker, representative or person acting on your behalf, other Australian Financial Services Licensee or our authorised representatives, advisers and our agents;
- ▼ a third party claimant or witnesses in a claim;
- ▼ accounting or finance professionals and advisers;
- ▼ government, statutory or regulatory bodies and enforcement bodies;
- ▼ policy or product holders or others who are authorised or noted on the policy as having a legal interest, including where you are an insured person but not the policy or product holder;
- ▼ in the case of a relationship with a corporate partner such as a bank or a credit union, the corporate partner and any new incoming insurer;
- ▼ the Australian Financial Complaints Authority or any other external dispute resolution body;
- ▼ credit reporting agencies;
- ▼ other insurers, reinsurers, insurance investigators and claims or insurance reference services, loss assessors, financiers;
- ▼ legal and any other professional advisers or consultants;
- ▼ hospitals, medical, health or wellbeing professionals;
- ▼ debt collection agencies;
- ▼ any other organisation or person, where you've asked them to provide your personal information to us or asked us to obtain personal information from them, eg your mother.

We'll use a variety of methods to collect your personal information from, and disclose your personal information to, these persons or organisations, including written forms, telephone calls and via electronic delivery. We may collect and disclose your personal information to these persons and organisations during the information life cycle, regularly, or on an ad hoc basis, depending on the purpose of collection.

#### Overseas disclosure

Sometimes, we need to provide your personal information to – or get personal information about you from – persons or organisations located overseas, for the same purposes as in 'Why do we collect personal information?'.

The complete list of countries is contained in our Group Privacy Policy, which can be accessed at [www.vero.com.au/privacy](http://www.vero.com.au/privacy), or you can call us for a copy.

From time to time, we may need to disclose your personal information to, and collect your personal information from, other countries not on this list. Nevertheless, we will always disclose and collect your personal information in accordance with privacy laws.

#### How to access and correct your personal information or make a complaint

You have the right to access and correct your personal information held by us and you can find information about how to do this in the Suncorp Group Privacy Policy.

The Policy also includes information about how you can complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You can get a copy of the Suncorp Group Privacy Policy. Please use the contact details in **Contact us**.

#### Contact us

For more information about our privacy practices including accessing or correcting your personal information, making a complaint, obtaining a list of overseas countries or giving us your marketing preferences you can:

- ▼ Visit [www.vero.com.au/privacy](http://www.vero.com.au/privacy)
- ▼ Speak to us directly by phoning us on 1300 888 073 or
- ▼ Email us at [privacyaccessrequests@vero.com.au](mailto:privacyaccessrequests@vero.com.au).

#### General Insurance Code of Practice

We support the General Insurance Code of Practice (the Code). A copy of the Code can be obtained from the Insurance Council of Australia by:

- ▼ Telephone (02) 9253 5100 or 1300 728 228
- ▼ Website [www.insurancecouncil.com.au](http://www.insurancecouncil.com.au)

The Code Governance Committee is an independent body which monitors and enforces the Code and has powers to impose sanctions on Code subscribers for non-compliance.

## Our complaints handling procedures

We are committed to:

- ▼ listening to what you tell us;
- ▼ being accurate and honest in telling you about our products and services;
- ▼ communicating with you clearly; and
- ▼ resolving any complaints or concerns you have in a fair, transparent and timely manner.

### How to contact us with a complaint

#### Let us know

If you experience a problem, are not satisfied with our products or services or a decision we have made, let us know so that we can help.

Contact us:

- ▼ By phone: 1300 888 073
- ▼ By email: [claims@vero.com.au](mailto:claims@vero.com.au)

Complaints can usually be resolved on the spot or within 5 business days.

#### Review by our Customer Relations Team

If we are not able to resolve your complaint or you would prefer not to contact the people who provided your initial service, our Customer Relations team can assist:

- ▼ By phone: 1300 264 470
- ▼ By email: [idr@vero.com.au](mailto:idr@vero.com.au)
- ▼ In writing: Vero Customer Relations Team, PO Box 14180, Melbourne City Mail Centre VIC 8001 Customer Relations will contact you if they require additional information or they have reached a decision.

When responding to your complaint you will be informed of the progress of and the timeframe for responding to your complaint.

#### Seek review by an external service

We expect our procedures will deal fairly and promptly with your complaint. However, if you remain dissatisfied, there are external dispute remedies such as mediation, arbitration or legal action you may pursue.

