

# Retiring / Non Practicing Member

## **ArchiTeam Member & Professional Indemnity Proposal Form for run off cover**

# **ARCHITEAM**

ArchiTeam Cooperative Limited  
Suite 16, 204-218 Dryburgh Street  
North Melbourne, Victoria 3051  
T: 03 9329 0033 F: 03 9329 0088  
W: architeam.net.au E: admin@architeam.net.au

### **Important Information:**

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#### **A) Your Duty of Disclosure**

Before you enter into a contract of insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurers decision whether to accept the risk of the insurance, and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- That diminishes the risk to be undertaken by the insurer;
- That is of common knowledge;
- That your Insurer knows, or in the ordinary course of business, ought to know;
- As to which compliance with your duty is waived by the Insurer.

#### **B) Non Disclosure**

##### **Claims Made Policy**

This is a "claims made" policy. This means that the policy covers you for any claims made against you and notified to the Insurer during the period of cover. This policy does not provide cover in relation to:

- Events that occurred prior to the retroactive date;
- Claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- Claims notified or in any way relating to facts, occurrences, or circumstances notified under any previous policy, irrespective

of how that notification was expressed;

- Claims made against you prior to the commencement of this proposed policy;
- Claims arising out of claims, facts, occurrences or circumstances disclosed in this or any previous proposal form, irrespective of how that disclosure is expressed;
- Claims arising out of facts, occurrences or circumstances existing or happening prior to the inception of this policy and which you know or ought reasonably to know may give rise to a claim under this proposed policy.

##### **Definition of Claim an Circumstances known at inception 'claim' shall mean:**

- Any writ, summons, or other form of legal or arbitral process served on the insured; or
- Any writ or oral demand for compensation a loss;
- "Circumstances known at inception" shall relate to:
- Occurrences, facts or circumstances happening or existing prior to the inception of this proposed policy and which the insured, its servants or agents, new or ought reasonably to have known might give rise to a claim;
- Any matter the subject of any claim, occurrence, fact or circumstance referred to in this proposal, irrespective of how that reference is expressed;
- Any claim, fact(s), occurrences(s) or circumstance(s) notified under any other contract of insurance prior to this proposed policy, irrespective of how that notification was expressed.

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### **Practice Details**

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#### **List below the full details of your practice:**

Full legal name of each current incorporated company, incorporated business, trading name or entity to be insured.

Practice/Trading Name: \_\_\_\_\_ Year Established: \_\_\_\_\_

ACN/ABN Number: \_\_\_\_\_ Email \_\_\_\_\_

Street Address: \_\_\_\_\_ Suburb \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Phone \_\_\_\_\_

### **Applicants**

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#### **Please list all principal(s)/director(s)/partner(s) including sole practitioners:**

**Applicant 1:** \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ ArchiTeam Number: \_\_\_\_\_

**Applicant 2:** \_\_\_\_\_ Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ ArchiTeam Number: \_\_\_\_\_

Please attach details of any other directors on a separate sheet of paper with this application.

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### Retirement / Non Practicing details:

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I confirm that as a retired / non practicing architect I do not undertake any work whatsoever as an architect and/or practicing under my own business and that the professional indemnity policy does not cover me for any current work as an architect under my own registered business name during the policy period. If my application is accepted I will be covered by the policy only for all past work, that is, all work conducted prior to the date that I ceased to practice as an architect and/or under my own business.

Yes  No

I confirm that I am listed as a 'retired/non practicing' architect with the relevant registration board

Yes  No

Please confirm the year that you went into retirement / ceased practicing under my business name

Date: \_\_\_\_\_

Retired members and members who cease trading under registered business name, who held insurance through ArchiTeam for three consecutive years prior to retiring are eligible for the special ArchiTeam Run Off Cover.

I confirm that I have held insurance through ArchiTeam at least for the past 3 consecutive years

Yes  No

If yes, the practice turnover from the last two years prior to retirement / business ceased operation was:

Year: \_\_\_\_\_ Income AU\$: \_\_\_\_\_

Year: \_\_\_\_\_ Income AU\$: \_\_\_\_\_

Is your practice continuing to trade

Yes  No

If yes, please confirm the date that you resigned as director and attach resignation letter

Date: \_\_\_\_\_

### Claims History

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Has the applicant or any of its principals, partners, directors or staff members, or any of its predecessors, or any prior practice of any of its present or former principals, partners or directors ever been subject of a disciplinary proceedings or actions for misconduct in a professional respect?

If 'yes' please provide details using a separate sheet

Yes  No

Has the applicant or any of its principals, partners, directors or staff members, or any of its predecessors, or any prior practice of any of its present or former principals, partners or directors:

i. ever been subject to any claims for civil liability or breach of professional duty; or

Yes  No

ii. notified facts/ circumstances to insurers that may give rise to such a claim

Yes  No

If 'yes' to either please provide the following details in respect to each matter below or using a separate sheet.

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### **Declaration**

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I / we declare that:

I / we have made due inquiry of our principals, partners, directors and employees concerning the questions asked within this proposal on their behalf

I / we have read and understood the important information of this proposal

- the statements and particulars in this proposal are true and correct

- this proposal along with other information supplied by me/ us shall form the basis of any policy entered into

I / we understand that up until the policy is entered into, we must notify any change in the matters disclosed in this proposal; and

I / we will notify any material alteration to the matters disclosed in this proposal occurring after completion of the proposal

### **Signatures**

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PRINCIPAL'S SIGNATURE:

APPLICANT 2 SIGNATURE:

APPLICANT 1 SIGNATURE:

APPLICANT 3 SIGNATURE:

Date \_\_\_\_\_