

NEW SOUTH WALES BARRISTERS PROPOSAL FORM

PLEASE NOTE BEFORE FILLING IN YOUR PROPOSAL FORM

All Barristers:

- with **claims and / or** circumstances or who have or had Disciplinary Proceedings brought against them (notified or not), or who have had their Practising Certificate withdrawn or suspended in the last six (6) years;
or
Fees exceed \$2,000,000;
- Who require a Limit of Indemnity in excess of **\$5 Million**

Please completed and return the proposal by email, post or fax as soon as possible with supporting documentation to avoid any delays

Barristers who do not fall into any of the above categories just need to return the completed proposal form prior to **7th June 2024** with your total premium payment as per premium rating tables in Section 2 of the NSW Barrister Information Pack 2024 - 2025.

Marsh Pty Ltd

P.O. Box 2743, BRISBANE QLD 4001
or scan and email the proposal to leanne.hodgins@marsh.com
or fax the details to (07) 3839 4500

If you need assistance, please call: Leanne on (07) 3115 4584, or Jayden Gray (07) 3115 4561

PLEASE READ IMPORTANT NOTICES CONTAINED IN THE RENEWAL INFORMATION DOCUMENTATION PACK SUPPLIED WITH THIS PROPOSAL FORM AND RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

YOUR DETAILS

1. Bar Association ID			
2. Name:			
3. Chambers:			
4. Address:			
Suburb	State:	Postcode:	
5. Clerk:			
6. Telephone:	Mobile:	Fax:	
7. Email:			
8. Are you			
a) A first year reader who joined the NSW Bar Association in 2024	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b) A second year reader who joined the NSW Bar Association in 2023	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c) Academic employed barrister?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Do you currently have Professional Indemnity Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes to 9			
i) What is your current Limit of Indemnity?	\$		
ii) Who is your current Insurer?			
10. In the last six (6) years have:			
a) Any claims been made against you? ;or	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b) You been (or are you) the subject of any disciplinary proceeding or investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c) You had your practicing certificate suspended or withdrawn	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If YES please list matters below and attach full details.			
Please provide detailed history of claim and/or disciplinary proceeding or investigation on separate letterhead.			

11. Are you aware of any circumstances, that has not been notified to the insurer, that may give rise to a claim and/or disciplinary investigation or proceeding against you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES please list matters below and attach full details.			
Please provide detailed history of claim and/or disciplinary proceeding or investigation on separate letterhead.			
12. Is there any other material information that the Underwriters would need to know when writing this risk, including but not limited to: - bankruptcy, criminal conviction, declined insurance and/or cancelled or voided insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. What year did you commence practicing as a barrister?			
14. Please declare your actual gross fees billed (excluding GST) for the last 12 months or last financial year		\$	
15. Please give the percentage of Criminal work undertaken for the last financial year		%	
16. Limit of Professional Indemnity required? Please select below.			
<input type="checkbox"/> \$1,500,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000 <input type="checkbox"/> \$5,000,000			
The excess applicable to this insurance is \$0 for each and every claim OR \$5,000 for each and every claim inclusive of costs and expenses in relation to disciplinary matters.			
17. Optional Extension			
Public Liability		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, limit required?	<input type="checkbox"/> \$5,000,000 - \$119.90 <input type="checkbox"/> \$10,000,000 - \$179.85 <input type="checkbox"/> \$20,000,000 - \$359.70		

DECLARATION

I acknowledge that before completing this proposal form, I have read and understood the IMPORTANT NOTICES relating to the Insurance Contracts Act, 1984 that are contained in the Renewal Information Documentation Pack. I declare that the statements and particulars above are true and that no material facts have been suppressed or misstated and, at the present time. I have no reason to anticipate any claim or disciplinary investigation or proceeding being brought against me, other than as declared herein and agree that this declaration shall be the basis of the contract between me and the Insurer.

I understand and consent to Marsh Pty Ltd (and my insurer) providing to the New South Wales Bar Association, information regarding the professional indemnity insurance bound on my behalf by them (including details on the level of insurance held and the premium and past and future claims and disciplinary investigations or proceedings brought against me). I understand that the disclosure of claims information is required for the purposes of assisting the New South Wales Bar Association to implement risk management strategies and training to assist in reducing the number of claims, and for the purposes of providing information under the Scheme under the Professional Standards Act 1994. I understand that the information to be disclosed in relation to claims, will be in any anonymous form and that my identity will not be disclosed.



Instructions to bind Professional Indemnity Policy for 2024 – 2025

I hereby authorise Marsh Pty Ltd to bind cover in accordance with details noted above and in line with the premium tables included in the Renewal Information Document.

Your policy documentation will be forwarded to you as confirmation of cover together with Payment Options including a monthly instalment facility.

If you qualify for the NSW Stamp Duty Exemption please complete the attached declaration.

Signature of Applicant:	<i>(Signed)</i>	<i>(Please Print Name)</i>
Date:		

Marsh Pty Ltd

Level 13, 111 Eagle Street, Brisbane, QLD, 4001

Leanne Hodgins | Phone - (07) 3115 4584 | Email: leanne.hodgins@marsh.com | Fax: (07) 3839 4500

Jayden Gray | Phone - (07) 3115 4561 | Email: jayden.gray@marsh.com | Fax: (07) 3839 4500

NSW INSURANCE DUTY - SMALL BUSINESS EXEMPTION DECLARATION

As announced in the 2017-18 NSW State Budget, small businesses will be exempt from NSW stamp duty on certain types of insurance policies effected, renewed or amended on or after 1 January 2018.

TYPES OF EXEMPT INSURANCES

- Commercial Motor Vehicle insurance for vehicles used primarily for business purposes
- Commercial Aviation insurance for aircraft used primarily for business purposes
- Occupational Indemnity insurance (including Professional Indemnity) - covering liability arising out of the provision by a person of professional services or other services (other than medical indemnity cover within the meaning of the Medical Indemnity Act 2002 of the Commonwealth)
- Public/Product Liability insurance - covering liability for personal injury or property damage occurring in connection with a business or arising out of the products or services of a business

WHAT IS A SMALL BUSINESS FOR THE PURPOSE OF THE EXEMPTION?

A 'small business' is an entity within the meaning of section 152-10 (1AA) of the Income Tax Assessment Act 1997 of the Commonwealth for the current financial year in which the insurance is effected or renewed. At present, you are a small business entity if you are an individual, partnership, company or trust that:

- is carrying on a business, and
- has an aggregated turnover of less than \$2 million which is your total annual turnover plus the annual turnover of any businesses that are your affiliates or are connected with you.

IMPORTANT NOTE

- If you are uncertain whether you meet the criteria noted above for a small business, please consult your accountant or financial adviser
- False declarations may result in penalties from Revenue NSW of up to \$11,000 plus the insurance duty not paid and penalty interest
- Revenue NSW may also be able to answer your queries in relation to the law and your obligations.

I declare for and on behalf of the Insured:

I am a small business entity (within the meaning of section 152-10 (1AA) of the Income Tax Assessment Act 1997 of the Commonwealth.

Name of Insured		ABN of Insured (If applicable)	
Signature		Print Name	
Job Title		Date	

DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984 (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the contract of insurance is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that: reduces the risk insured, or is common knowledge, or the insurer knows or should know as an insurer; or the insurer waives your duty to tell them about. If you do not tell us something:

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in any doubt as to the extent of the duty of disclosure or whether a piece of information ought to be disclosed, just contact your Marsh Client Risk Adviser.

MARSH COLLECTION STATEMENT

In accordance with the Privacy Act 1988 (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the Corporations Act 2001 (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984 (Cth), the Marine Insurance Act 1909 (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website (www.marsh.com.au) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:
 - Email – privacy.australia@marsh.com
 - Phone – (02) 8864 7688
 - Post – PO Box H176, Australia Square NSW 1215

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Pty Ltd (ABN 86 004 651 512, AFSL 238 983) ('Marsh'). Marsh are not the insurer.