



## Barristers Professional Indemnity Insurance

Please complete and return this form to Aon Risk Services, PO Box 1331 Parramatta NSW 2124. Alternatively, you can send the completed form to the Aon Professions Team mailbox: [au.barristers@aon.com](mailto:au.barristers@aon.com)

Cover runs from 30 June 2023 to 30 June 2024. Aon offers low cost premiums for Readers renewing their insurance with us, subject to approval by the Attorney General of a policy wording.

### 1. Details of insured

Mr Mrs Ms Miss

First Name

Last Name

### Physical address

Suburb  State  Postcode

Phone   Mob

Email  Fax

Web address

### Postal address

Suburb  State  Postcode

ABN

2. Please declare your Bar Association ID number

3. Please indicate which state you obtained your practicing certificate from

NSW  QLD  ACT  WA

4. Do you practise only as a Reader?  Yes  No

5. Please advise the percentages of your practice as follows

(a) Criminal Law  % (h) Other Civil Law  %

(b) Commercial Law (non-litigation related work)  % (i) Academic  %

(c) Commercial Law (litigation related work)  % (j) Other Activities  %

(d) Family Law  %

(e) Workers Compensation  %

(f) Personal Injury (not including WC)  %

(g) Constitutional  %

Please specify your other activities

**6. Please supply details of total gross income/fees or commissions**

(a) Previous 12 months

(b) Estimate for the next 12 months

**7. Please provide the approximate percentage of your activities (based on gross income) applicable to each state and overseas**

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/Seas
%	%	%	%	%	%	%	%	%

**8. Limits of Indemnity** (Please tick the relevant box for limit of cover required)

\$1,500,000	\$2,000,000	\$3,000,000	\$4,000,000	\$5,000,000	\$6,000,000	\$7,000,000	\$8,000,000	\$9,000,000	\$10,000,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Claims/Circumstances**

- (a) Have any claims ever been made against you for breach of professional duty?  Yes  No
- (b) Are you aware of any circumstances that may give rise to a claim being made against you for breach of professional duty?  Yes  No
- (c) Have any complaints ever been made against you which resulted in disciplinary proceedings?  Yes  No
- (d) Are you aware of any circumstance which could result in any claim or disciplinary proceedings being made against you?  Yes  No

**If you have answered 'Yes' to any of questions 9. (a), (b), (c) and/or (d) please supply further details on a separate page.**

## Declaration and Agreement

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I, the undersigned, being one of the persons referred to in question 1. of this proposal form, acknowledge and declare:

1. I am duly authorised to make this proposal and declaration on behalf of the Firm/Company.
2. I have specifically enquired of all persons and companies referred to in question 1. and state that all answers to the questions in this proposal form are true and correct.
3. I acknowledge that the Insurer will be relying on this Declaration, the answers given to the questions in the proposal and all information provided by me in deciding whether to issue a contract of insurance and, if so, the terms of such insurance and the premium charged.
4. I have read and understood the Important Notices as appears in this proposal form.
5. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the Insurer of any change in the particulars or statements contained in this proposal form or the accompanying documents.

Signature of Partner/Principal/Director

Date signed

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Aon may also offer you products and services offered by third parties that we think may interest you and unless you tell us otherwise, we will assume that you consent to the use of your information or any other information you provide us about any other person, for such purposes. Further information about our privacy practices (including how you can modify your privacy preferences) is located in the more detailed Aon Australia Group Privacy Policy Statement, a copy of which can also be sent to you on request.

Yes, I agree that Aon or any of its group of companies, may be in touch by any means (including SMS or email) to let me know about their goods, services or promotions.

Please read [Aon's Privacy Notice](#) to understand how your personal information will be handled.

The following link connects you to important information about how we conduct business: [Important Information](#). Please ensure you follow this link to review our Important Notices, Financial Services Guide, Terms of Business Agreement and Privacy Statement.