



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

Cover runs from 30 June 2025 to 30 June 2026. 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 Post Nominals

First Name Middle Name Last Name

Physical Practice address & Name of Chambers (if any):

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	<input type="text"/> %	(h) Other Civil Law	<input type="text"/> %
(b) Commercial Law (non-litigation related work)	<input type="text"/> %	(i) Academic	<input type="text"/> %
(c) Commercial Law (litigation related work)	<input type="text"/> %	(j) Other Activities	<input type="text"/> %
(d) Family Law	<input type="text"/> %		
(e) Workers Compensation	<input type="text"/> %		
(f) Personal Injury (not including WC)	<input type="text"/> %		
(g) Constitutional	<input type="text"/> %		

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

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

1. I state that all answers to the questions in this proposal form are true and correct.
2. 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.
3. I have read and understood the Important Notices as appears in this proposal form.
4. 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

Date signed

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.