

# Professional Indemnity Initial Notification Form

## Section 1 - Insured to Complete

**PLEASE DO NOT ADMIT LIABILITY TO ANY THIRD PARTY**

Please answer all questions and attach any supplementary information and relevant correspondence

### 1. Full Name of Insured

Address:

State:

Postcode:

Phone:

Mobile:

What is the Insured's ABN?

### 2. Name of Project / Contract

Name of Relevant Entity (if applicable):

### 3. Relevant Entity Contact Details

At Site:

Phone:

Mobile:

Email:

At Head Office / Legal:

Phone:

Mobile:

Email:

### 4. Description of circumstances that could give rise to a claim for breach of professional duty, allegation of negligence or demand for compensation for loss:

**5. When did the insured first become aware of the circumstances?**

**6. (a)** Has the insured received any written or verbal allegation of negligence, breach of contract or demand for compensation for loss arising from the circumstances?

Yes  No

**(b)** If verbal, who received the verbal demand?

Date of verbal demand:

**(c)** If written, provide copies of all correspondence received.

Copies attached? Yes  No

**(d)** If no demand has been received, please provide name and address of potential claimant if known:

Full Name of Claimant

Address:

State:

Postcode:

Phone:

Mobile:

**7. On what date(s) did the insured and/or its consultants and/or subcontractors perform the services giving rise to the circumstances?**

**8. (a)** Has the insured received any written or verbal allegation of negligence, breach of contract or demand for compensation for loss arising from the circumstances?

Yes  No

**IF SO:**

**(b)** Provide details of the consultant and/or subcontractor responsible:

Full Name

Address:

State:

Postcode:

Phone:

Mobile:

**(c)** Provide a copy of the consultant agreement and/or subcontract.

Copies attached? Yes  No

**(d)** Has the consultant and/or subcontractor been held responsible?

Yes  No

(if so, where reasonably possible, please provide copies of the written demand to the consultant and/or subcontractor or details of any verbal demand including relevant date and person who received the verbal demand).

**9. What is the amount claimed? If no amount yet quantified, what is the insured's estimate of the relevant rectification costs or potential amount of possible claim:**

10. Has the insured or consultant and/or subcontractor made any admission of liability and/or offer of settlement and/or performed any remedial action in respect of the circumstances? If so, please provide full details.


**DECLARATION**

I/We declare that to the best of my/our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information.

Name (print)

Signed

Date