

Accountants Professional Indemnity Proposal Form

Duty of Disclosure

Under the Insurance Contracts act 1984 (the Act), you have a duty of disclosure. You are required before you enter into, renew, vary extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

You don't need to tell us about any matter:

- that reduces the risk,
- is of common knowledge,
- that we already know, or ought to know in the ordinary course of our business as an insurer, or
- we indicate we do not want to know.

If you do not tell us

If you do not comply with your Duty of Disclosure we may:

- reduce or refuse to pay a claim, or
- cancel your Policy.

If your non-disclosure is fraudulent, we may also have the option of avoiding the Policy from its beginning.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning

Financial Services Guide

I confirm that I have read the Financial Services Guide and understand that Consult Insurance Solutions Pty Ltd, trading as Self Super Insurance, has not taken into account your individual objectives, financial situations or needs.

Privacy

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. You can obtain a copy of our Privacy policy from our website.

Declaration

I, the undersigned, after enquiry, declare and confirm as follows:

1. I am authorised by each of the persons or entities included in this insurance application (including all partners/principals/directors, if applicable), on their behalf, to make this application; make these declarations; and accept the terms for this contract of insurance;
2. I have made all necessary enquiries into the accuracy of the responses given in this insurance application and confirm that the statements and particulars given are true and complete and that no material facts have been omitted, misstated or suppressed.
3. I understand that I have a continuing obligation to immediately advise of any material changes to the particulars or statements contained in this insurance application.
4. I acknowledge that the particulars and statements contained in this insurance application shall be the basis of, and will be incorporated into, the contract of insurance.
5. The business complies with all relevant industry licensing and certification requirements that are applicable to activities carried out by the business.

By signing this declaration below you agree to the above

Additional information should be provided on your own separate HEADED notepaper clearly identifiable as forming part of the proposal form.

1. Name of Proposer(s) to be covered:

Establishment date(s):

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2. Main address of the Proposer and any branch office addresses

Head Office Address:

Website:

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Branch Office Address:

3. Please provide details of all Partners and Directors:

Name	Age	Qualifications	Date Qualified

4. Number of employees split between the following:

Qualified

Administrative

Self employed consultants

Other

TOTAL

5. Is the Proposer connected or associated (financially or otherwise) with any other entity? YES NO

If 'YES' please provide full details including nature of work undertaken and income derived:

6. During the past 10 years has the Proposer's name been changed, has any other business been purchased and/or has any merger or consolidation taken place? YES NO

If 'YES' please provide details:

7. Nature of Business
Please state in full the nature of your business.

8. Please confirm in the last financial year the percentage split of your work in the following disciplines where you have undertaken work:

Audit	<input style="width: 50px;" type="text" value="%"/>	Funds Management	<input style="width: 50px;" type="text" value="%"/>
Accounting/Bookkeeping	<input style="width: 50px;" type="text" value="%"/>	Taxation / GST	<input style="width: 50px;" type="text" value="%"/>
Liquidation / Receivership	<input style="width: 50px;" type="text" value="%"/>	Management Accounting	<input style="width: 50px;" type="text" value="%"/>
Investment Advice	<input style="width: 50px;" type="text" value="%"/>	Company Directorships	<input style="width: 50px;" type="text" value="%"/>
Financial Planning	<input style="width: 50px;" type="text" value="%"/>	Insurance	<input style="width: 50px;" type="text" value="%"/>
Superannuation & Trust Funds	<input style="width: 50px;" type="text" value="%"/>	Other * please provide details below	<input style="width: 50px;" type="text" value="%"/>

9. Other Activities

Mergers & Acquisitions	%
Forensic Accounting	%
Others – please provide details	%

10. Please provide details of the percentage of Your **Audit** work falling into the following categories

Non-profit and private companies	%
Public Companies – in the top 100 on the ASX	%
Public Companies – others	%
Financial Institutions	%
Other	%

11. Please provide the Proposer's fees/income in each of the following financial periods:

	Previous Financial Year ended: / /	Last Financial Year ended: / /	Current Financial Year ended: / /
	Fee income	Fee Income	Fee Income
Home			
Overseas			
Total			

12. Please provide a percentage breakdown of the fee income disclosed in Question 11 by State or Territory. (Australia Only)

NSW	%	VIC	%	QLD	%	SA	%	NT	%
WA	%	ACT	%	TAS	%	O/S	%	TOTAL	100%

13. Is the Proposer aware of any change in activity/structure that will occur in the coming financial year?

YES NO

If 'YES' please provide details:

14. Does the Proposer currently have Professional Indemnity insurance in force?

YES NO

If 'YES' please provide the following details:

a) Insurer:

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b) Limit:

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c) Excess:

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d) Renewal Date:

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15. What is the amount of indemnity now required?

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16. Has any Proposal for similar insurance made on behalf of the Proposer's business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

YES NO

If 'YES', please give details:

17. After full enquiry, has any claim been made against the Proposer's business or any principal, partner, director or employee whilst in this or any other business? YES NO

If 'YES' please provide details:

18. After full enquiry is the Proposer aware of any circumstance or incident which has or could result in any claim being made against the Proposer's business, or any principal, partner, director or employee whilst within this or any other business? YES NO

If 'YES' please provide details:

19. Have present or previous Insurers been notified of and accepted all claims, notifications and circumstances? YES NO

If 'NO' please provide details:

DECLARATION

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to Insurers' consideration of this proposal form and undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed. I/We understand that the information I/We provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I understand that if my Practice acquires, merges with or absorbs another Practice during the period of insurance, insurers will require similar information in relation to that Practice and may charge an additional premium.

Print name:	
Signature (Partner):	
On behalf of:	
Date:	

Signing this form does not bind the Proposer to complete the insurance. We recommend that you should keep a record of all information supplied to us, including copies of letters and this proposal form, for the purpose of entering into this contract.