

Accountants Addendum

This addendum is to be completed in addition to and forms part of the Professional Indemnity Proposal Form and must be completed by a Principal, Partner or Director or a duly authorised person. Please refer to the Important Notices on the Proposal Form.

These questions reflect the key factors that are taken into account when determining the Insured's premium.

TYPE OF WORK

Please detail the percentage of the Insured's Income derived from the following types of work:

Audit - Public Listed Companies	<input type="text"/>	%
Audit - Financial Institutions (including Public Super Funds)	<input type="text"/>	%
Audit - Private Companies/Non-Profit/Private Super Funds	<input type="text"/>	%
Accounts Preparation/Bookkeeping	<input type="text"/>	%
Taxation Advice/GST	<input type="text"/>	%
Receiverships/Liquidations/Insolvencies/Bankruptcy	<input type="text"/>	%
Financial Planning/Investment Advice (will be excluded)	<input type="text"/>	%
Super Funds Management & Trustee Activities (external positions only)	<input type="text"/>	%
Business Valuations	<input type="text"/>	%
General Management Consultancy	<input type="text"/>	%
Mergers & Acquisitions	<input type="text"/>	%
Insurance Advice/Agency Activities	<input type="text"/>	%
Company Directorship/Secretarial Services (please specify below)	<input type="text"/>	%
Information Technology Supply/Services	<input type="text"/>	%
Other (please specify below)	<input type="text"/>	%

If the Insured has included "Other" above, please provide details:

If the Insured holds any Directorships or Secretarial positions with any other practice, Business or client, please provide details in respect to the nature of the position and the relationship of that entity with the Insured's practice/firm:

Does the Insured provide general accounting services or advice to organisations to whom the Insured also provides auditing services?

Yes No

If Yes, supply details as to how such auditing services are carried out in an independent manner:

TYPE OF WORK (CONT)

Does any Partner/Principal/Director hold a Directorship(s) or Secretarial positions with any other practice or Business?

Yes No

If Yes, name the practice(s) or Business(es):

Are there any Partners, Principals and/or Staff acting as Trustees of any clients' Superannuation Funds?

Yes No

If Yes, please provide details:

Is the Business involved in Consultancy Management, Information Technology or Business Valuations?

Yes No

If Yes, please provide details:

Does the Firm currently or has it in the past provided professional services in respect of establishing, running or terminating any tax minimization schemes?

Yes No

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DECLARATION

I THE UNDERSIGNED, AFTER ENQUIRY, DECLARE AS FOLLOWS:

- 1 I am authorised by each of the persons or entities in the definition of "Insured" to make this proposal.
- 2 I have read this addendum and the accompanying documents and acknowledge the contents of the same to be true and complete.
- 3 I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the insurers of any change in the particulars or statements contained in this addendum or in the accompanying documents.
- 4 I/we consent to Procover, Miramar and the insurer using the personal information (including sensitive information) I/we have provided on this document for the purposes of administering my/our insurance. I/we consent to the disclosure of personal information (including sensitive information) to third parties and overseas where it is reasonably necessary for the purposes of administering my insurance. I/we understand that if this consent is not given Procover, Miramar and the insurer may not be able to administer my/our insurance.

Although the signing of this addendum does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this addendum and in the accompanying documents shall be the basis of the contract of insurance if a policy is issued. I also acknowledge that the addendum and the accompanying documents will be incorporated in the contract of insurance.

Name

name of signatory

signed: partner, principal or director

name of Business or practice

Signed

signature

date (dd/mm/yy)

The contract of insurance is arranged by Procover Underwriting Agency Pty Ltd (ABN 46 165 322 592, AR No. 453410) ('Procover') an Authorised Representative of Miramar Underwriting Agency Pty Ltd (ABN 97 111 534 797, AFSL 314176) ('Miramar') acting under a binder as agent for the Insurer, certain Underwriters at Lloyd's.