



Accountants

Professional Indemnity Proposal Form

Once completed, please sign and return together with any additional sheets and attachments to:-

Prime Underwriting Agency Pty Ltd
Suite 2, Level 4/501 La Trobe Street
MELBOURNE VIC. AUSTRALIA 3000

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Fax: +61 3 9670 0852
Email: info@primeunderwriting.com.au
Web: www.primewriting.com.au

IMPORTANT NOTICE TO THE PROPOSER ON COMPLETION OF THIS PROPOSAL FORM

1. Disclosure

Any 'material change' must be disclosed to Insurers.

A 'material change' is any information which may alter the judgement of an Insurer or their perception of risk and exposure that has not previously been disclosed as a material fact.

Failure to provide all 'material facts' and/or notify all "material changes" may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.

2. Presentation

This Proposal Form must be completed and signed in ink by an authorised individual, a partner, principal or director of the Proposer.

All questions must be answered. If not applicable, state N/A.

If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

Where available, brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

Failure to present Insurers with information in an appropriate manner may adversely influence the ability or willingness of Insurers to offer terms.

3. Guidance

If in doubt as to the meaning of any question contained within this proposal form or the issues raised in Disclosure and/or Presentation, advice should be sought from your contact at Prime Underwriting or another insurance advisor in the first instance.

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):

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

Head Office Address:

Website:

Branch Office Address:

3. Please provide details of all Partners and Directors:

Name	Age	Qualifications	Date Qualified

4. Nature of Business

Please state in full the nature of your business.

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

Audit	%	Funds Management	%
Accounting/ Bookkeeping	%	Taxation/ GST	%
Liquidation/ Receivership	%	Management Accounting	%
Investment Advice	%	Company Directorships	%
Financial Planning	%	Insurance	%
Superannuation & Trust Funds	%	Other * Please provide details below	%

6. Other Activities

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

7. 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	%

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

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

9. Please provide a percentage breakdown of the fee income disclosed in Question 7 by State or Territory. (Australia Only)

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



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10. 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:

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11. Does the proposer currently have Professional Indemnity insurance in force? YES NO

If 'YES' please provide the following details:

- a) Insurer:
- b) Limit:
- c) Excess:
- d) Renewal Date:

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12. What is the amount of indemnity now required?

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13. 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 been refused or any special terms imposed (other than general market increases)? YES NO

If 'YES' please supply details:



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14. 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 supply details:

15. After full enquiry is the Proposer aware of any circumstance or incident which has or could result in any claim being made against the Firm's business, or any principle, partner, director or employee whilst within this or any other business?

YES NO

If 'YES' please supply details:

16. Have present or previous Insurers been notified of and accepted all claims, notifications and circumstances?

YES NO

If 'YES' please supply details:

DECLARATION

By signing this proposal form you consent to Prime Underwriting Agency Pty Ltd using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligation to you, this information may be disclosed to agents and service providers appointed by us, insurers, (which includes their re-insurers, legal advisers, loss adjusters or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence.

I/We declare that the above statements and particulars are true, full enquiry having been made, and I/We have not omitted, suppressed or miss-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.