



ADDENDUM: INSURANCE BROKERS PROFESSIONAL INDEMNITY

Important Note: This Addendum attaches to and forms part of the proposal for Professional Indemnity Insurance.

The purpose of the Addendum is to better understand your professional business activities to ensure the most competitive terms are offered.

Please answer all questions fully. If there is insufficient space in this form, please supply the details in a separate signed and dated attachment on your letterhead.

Insured Name:

Trading name of Business/Practice:

AFSL No.:

1.1 Please advise the percentage of fees/commission received for the following insurance classes:

Fire	%	Marine/Aviation – Commercial	%
Accident	%	Marine/Aviation – Personal	%
Workers Compensation	%	Life/Superannuation	%
Liability (incl PI, D&O etc)	%	Motor – Commercial	%
Livestock/Bloodstock	%	Motor – Heavy	%
Householders & Other Personal Lines (excluding Motor)	%	Motor – Personal	%
Construction	%	Mortgage Insurance	%

1.2 Are you a member of any professional association or society? YES NO

If YES, please state the name of the association/society and years of membership.

2. Please complete the following:

Financial Year	Premium Income	Commission/Brokerage	Fees
Current	A\$	A\$	A\$
Last	A\$	A\$	A\$
Previous	A\$	A\$	A\$

Sterling Insurance – Insurance Brokers Professional Indemnity Addendum

3. Do you hold a binding authority with any insurer (including cover note books or “immediate issue” policy pads)? YES NO

If YES, please provide details below:

Class of Business	Name of Insurer	Maximum Limits
		A\$
		A\$
		A\$

4. Are you authorised to settle claims? YES NO

If YES, please provide details below:

Class of Business	Name of Insurer	Maximum Limits
		A\$
		A\$
		A\$

5. Do you ever sign proposal forms on behalf of clients/Insureds? YES NO

6. Do you engage any Authorised Representative/s (i.e. AR/AR’s)? YES NO

- 6.1 If YES, please provide details and **attach a separate Insurance Brokers Addendum for each AR.**

Name(s) of AR(s)	Age	Qualification	Insurance Experience

- 6.2 If YES, please summarise how you select, control and supervise your AR(s):

7. Do you require your AR(s) to be named/covered under your policy? YES NO

(Note: The Policy will cover your “vicarious liability” for the actions of your AR/AR’s).

- 7.1 If NO, do you require your AR(s) to maintain their own Professional Indemnity policy? YES NO

Signature of Principal/Director:

Name of Signatory:

Date: