

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

Do you hold a binding authority with any insurer (including cover note books or

Class of Business Name of Insurer Maximum Limits		"immediate issue" policy pads) If YES, please provide details be						YES	NC	
As Are you authorised to settle claims? If YES, please provide details below: Class of Business Name of Insurer Maximum Limits As A				me of In:	surer	Maxir	num Limits			
Are you authorised to settle claims? If YES, please provide details below: Class of Business Name of Insurer Maximum Limits A\$ A\$ Do you ever sign proposal forms on behalf of clients/Insureds? YES Do you engage any Authorised Representative/s (i.e. AR/AR's)? YES If YES, please provide details and attach a separate Insurance Brokers Addendum for each AR. Name(s) of AR(s) Age Qualification Insurance Experient Insurance Experient Insurance Experient YES O you require your AR(s) to be named/covered under your policy? (Note: The Policy will cover your "vicarious liability" for the actions of your AR/AR's). If NO, do you require your AR(s) to maintain their own Professional Indemnity policy? YES Grature of Principal/Director:						A\$				
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	ne	e of Signatory:					Date:			
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