

solution.

Accountants Professional Indemnity Addendum

Addendum



Important notice

- This Addendum (and any attachments) form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates the Insured’s reply.
- If there is insufficient space, please provide further details on the Insured’s letterhead.

Insured details

Insured name:

Please provide a breakdown of the Insured’s gross fees/income for the past 12 months derived from the following fields of work, by stating the whole amounts in Australian Dollars (\$) and the percentage:

| Activity | Percentage breakdown % | Last financial year’s gross fees \$ | Current financial year’s gross fees \$ |
|--|------------------------|-------------------------------------|--|
| Account preparation | | | |
| Auditing | | | |
| a. Publicly listed companies | | | |
| b. Non Publicly listed companies | | | |
| Bookkeeping | | | |
| Business valuations | | | |
| Company directorship/secretarial positions | | | |
| Insolvency, receivership or liquidations | | | |
| a. Publicly listed companies | | | |
| b. Non Publicly listed companies | | | |
| Superannuation fund management/trusteeship | | | |
| Taxation | | | |
| SMSF advice provided under limited license | | | |
| Other (please state) | | | |
| Total | 100% | | |

If **YES**, to any of questions below, please provide full details including name of the Insured involved and the nature of business and Insured’s involvement either detailed below or add an attachment.

Are any Partners, Principals, or Directors connected or associated (financially or otherwise) with any other practice or business? Yes No

Does the Insured or any Principal, Partner, Director or Employee of the Insured, engage in any Mergers and Acquisitions related activities? Yes No

If **YES**, please provide further details:

Have any Claims been made against the Insured for professional negligence, error of omission in the last 5 years?

Yes No

If **YES**, please provide further details of the Claim, the Claim amount and any payments:

Is the Insured aware, after enquiry of any circumstances or incident, which may give rise to a Claim?

Yes No

If **YES**, please provide further details:

Further declaration to the Proposal after inquiry

Signing this Addendum does not bind Solution or any insurer to enter into an insurance contract.

After making full and appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to complete this Addendum
- I have read and understood the Important Information section of the Proposal form
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement
- I confirm that the statements and information in this Addendum are true and complete
- I understand all information requested in the Addendum is material
- I provide consent consistent with the Privacy Statement outlined in the Important Information section of the Proposal Form
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Addendum
- I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and any accompanying documents will form the basis of the contract

To be signed by the Insured for whom this insurance is intended for

Signature:

Name:

Position:

Date (DD/MM/YY):

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Underwriting™

Any queries, please contact us

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