



IMPORTANT NOTES ABOUT PROFESSIONAL INDEMNITY INSURANCE

Professional Indemnity insurance is different from most other types of insurance. The policy is issued on a "claims made" basis and a new contract based on a fresh proposal needs to be negotiated each year. Before we can provide you with a quotation you will need to complete and sign the attached proposal form and return it to us.

In view of the matters highlighted in "Important Notes" below it is vital that inquiry be made with all senior staff about any claim or potential claim or known circumstance that might give rise to a claim before completing the proposal.

IMPORTANT NOTES (Please read before completing this Professional Indemnity Application)

Claims Made Policy

Your attention is drawn to the fact that this policy is a "claims made" policy which means that the policy will respond to:

1. Claims first made against you and reported to the Insurers during the period of insurance.
2. Events of which you became aware during the period of insurance which may give rise to a future claim provided you inform Insurers in writing as soon as practicable, within the period of insurance, of such events.

It is therefore vital that inquiry be made with all senior staff and you notify Insurers immediately of any claim or potential claim or known circumstance that might give rise to a claim.

The policy will not cover you for:

1. Events that occurred prior to the retroactive date, if any, specified in the Schedule of the Policy.
2. Events that were matters of claim or potential claim of which you were aware before the commencement of the period of insurance.

Your Duty of Disclosure

Before you enter into a contract of insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision to accept the risk of insurance and if so, on what terms. You have the same duty to disclose matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. You are to give the insurer notice in writing as soon as possible of every change materially varying any of the facts or circumstances existing at the commencement of this insurance.

Your duty however, does not require disclosure of any matter that diminishes the risk to be undertaken by the insurer; that is common knowledge; that the insurer knows or, in the ordinary course of business, ought to know; as to which compliance with your duty is waived by the insurer. Non Disclosure. If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from the beginning.

Privacy Notice & Consent

As an insurance broker and advisor it is necessary for us to collect "personal information" about you or other persons so that we can obtain insurance on your behalf or resolve claims or otherwise advise you in regard to insurance and risk management matters.

This "personal information" will need to be disclosed to third parties such as insurers, insurance agents, loss adjusters, lawyers, accountants and others depending on the task we are undertaking on your behalf.

We take reasonable steps to ensure that the information is accurate, complete and up-to-date.

When you provide us with "personal information" about other persons, we rely on you to have made them aware that you will provide the information to us and the way in which we will use it.

If you send back to us the premium or other information or documentation asked in this correspondence and do not advise us otherwise you will be confirming your understanding and agreement to the above use of "personal information" on your own behalf and on behalf of those you represent.

Important Note about Workers Compensation:

Please note that Workers Compensation Insurance is NOT included OR available with this policy but needs to be insured separately. If you are an employer in New South Wales you are required by law to have current Workers Compensation insurance. Trans-West can offer a range of Workers Compensation related services – contact us for details.

IF YOU HAVE QUESTIONS ABOUT THIS QUOTATION CONTACT

**TRANSWEST INSURANCE BROKERS
02 9601 7166**

PROPOSAL FORM

01 - Accountants details

Insured Name:

Trading Name:

ABN:

Contact Name:

Date business established:

Do you have a current Professional Indemnity policy? (if yes provide details) Yes No

Insurer	Policy Number	Indemnity Limit	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Main office address:

Other offices:

02 - Directors/Partners

Name of Principal/Directors	Qualifications	Date Qualified	Years practising as a Principal/Partner/Director	
			Current Business	Previous Business
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Member of any industry association(s): ICAA ASCPA NTAA NIA TIA

03 - Limit of Indemnity

What overall Limit of Indemnity is required?

04 - Staff numbers

Partners/Directors:

Qualified Staff (other than above):

Trainee Professional Staff (other than above):

Office/Support staff:

Total staff:

05 - Income details

Gross income next financial year (est):

Gross income last financial year:

Gross income previous financial year:

What is the largest annual income from a single client or contract?

Are any of your clients Public Listed Company's? Yes No

Does the firm, company or sole practitioner perform work outside Australia or work for clients who are outside Australia? Yes No

If you answer "Yes" to any of the above questions, please supply relevant details:

Please provide the approximate percentage of your activities (based on fee income) applicable to each state, territory and overseas.

NSW VIC QLD SA WA TAS NT ACT O'SEAS

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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06 - Percentage of gross income derives from

(For some of types of the income, additional details are required)

Auditing: see additional questions at end of form

Accounts preparation / bookkeeping:

Receivership, liquidation, insolvencies or bankruptcies:

Superannuation fund management / trusteeship: see additional questions at end of form

Financial Planning / Investment Advice: see additional questions at end of form

Taxation / GST:

Business Valuations / Mergers & Acquisitions see additional questions at end of form

Management consultancy:

Information Technology: see additional questions at end of form

Insurance agency:

Company directorship / secretarial position: see additional questions at end of form

Other:

TOTAL PERCENTAGE:

(if Other please specify)

07 - Insurance History

(If you answer 'YES' to any of the following questions, please provide details)

a) Has the firm, company or sole practitioner ever had this type of insurance refused, cancelled, avoided or an application or proposal declined, or had special terms imposed? Yes No

b) Has the firm, company or sole practitioner ever had entitlement to indemnity under an insurance policy denied or reduced by reason of non-disclosure, misrepresentation or breach of policy conditions? Yes No

Details:

08 - Claims History

(If you answer 'YES' to any of the following questions, please provide details)

a) How many claims in the last 10 years

b) If one claim only, has it been finalised for less than \$20,000?

 Yes No

c) Has the firm, company or sole practitioner or any of its principals, partners, directors, employees or any of the firm's / company's / sole practitioner's predecessors in business, any prior practice of any of its present or former partners, principals or directors

... i) ever been subject to any claims for civil liability or breach of duty?

 Yes No

... ii) notified any circumstances to insurers that may give rise to such a claim?

 Yes No

d) Has the firm, company or sole practitioner or any present or former partners, directors, principals, employees ever been the subject of any disciplinary proceedings or actions for misconduct in a professional respect?

 Yes No

e) Is the firm, company or sole practitioner or any of its principals, partners, directors, after reasonable inquiry of all employees (incl. contractors), directory and partners, aware of any fact or circumstance which may give rise to claim of the type insured by Professional Indemnity insurance?

 Yes No

Details:

First Claim or Potential Claim

Type of claim	<input type="text"/>
Date of claim	<input type="text"/>
Status	<input type="text"/>
Final result	<input type="text"/>
Other details	<input type="text"/>

Second Claim or Potential Claim

Type of claim	<input type="text"/>
Date of claim	<input type="text"/>
Status	<input type="text"/>
Final result	<input type="text"/>
Other details	<input type="text"/>

Third Claim or Potential Claim

Type of claim	<input type="text"/>
Date of claim	<input type="text"/>
Status	<input type="text"/>
Final result	<input type="text"/>
Other details	<input type="text"/>

09 (optional) - Fidelity (Employee Dishonesty) Extension

(Please be aware that the sub limit for fidelity is \$50k in the aggregate).

Do you require the Fidelity extension?

Yes No

Does your business or practice carry any fidelity guarantee insurance?

Yes No

If yes, please supply the following details:

Insurer:

Expiry Date:

Sum Insured:

Excess:

Premium:

Have you ever sustained any loss through the fraud or dishonesty of any employee? Yes No

If yes, please supply the relevant details and advice what precautions have been taken to prevent a reoccurrence:

10 (optional) - Previous Business Extension

Do you require cover for any previous business?

Yes No

Names of any previous activities requiring cover, and relationship to current entity(ies), and the dates on which they ceased business.

11 - Declaration

- I/We have made due inquiry of the applicant and its principals, partners, directors and employees concerning the questions asked on this proposal and have authority to sign this proposal form on their behalf;
- I/We have read and understood the important information regarding 'duty of disclosure' and 'claims made policies';
- The statements and particulars in this proposal are true and correct;
- I/We understand that up until the policy is entered into, we must notify any changes in the matters disclosed in this proposal; and
- I/We will notify any material alteration to the matters disclosed in this proposal occurring after the completion of the proposal

Signature

Name of signatory

Position of signatory

Date

Auditing - additional details

Please provide details of the percentage of your audited activities that fall into the following categories:

Category	Percentage
Public Listed Companies	<input type="text"/>
Public Unlisted Companies	<input type="text"/>
Private Companies	<input type="text"/>
Non-profit organisations	<input type="text"/>
Financial Institutions	<input type="text"/>
Trust funds and / or self managed superannuation funds	<input type="text"/>
Other (please specify) <input type="text"/>	<input type="text"/>
Gross professional fees from this activity during the past twelve (12) months:	<input type="text"/>
Estimated gross professional fees from audit for the next (12) months:	<input type="text"/>

Superannuation Fund Management / Trusteeship - additional details

With reference to the stated percentage is the superannuation fund for:

i) the principal's and staff's own benefit? Yes No

ii) the firm's clients? Yes No

If i) above is yes, are the superannuation funds invested at the discretion of the firm? Yes No

If yes, where is it invested?

Are there any partners, principals and / or staff acting as Trustees of any clients superannuation funds? Yes No

If yes, please provide details

Do the firm's client have knowledge of the type of investment and formally confirm their acceptance? Yes No

Does the firm manage the funds by way of trust account to be passed onto a recognised fund at the discretion of your client? Yes No

Have predetermined investment criteria been established between the firm and the clients? Yes No

Financial Planning / Investment Advice - additional details

What percentage of your income for financial planning /investment advice is derived from:

Securities Dealer

Providing/advising in financial products and/or financial services

Business Valuations / Mergers & Acquisitions Advice - additional details

Please provide details of the nature of activities and advice given for business valuations or mergers & acquisitions.

Information Technology - additional details

Please provide details of the information technology activities provided. (e.g. the sale of software, training provided in accounting based software, consulting regarding computer software for accounting)

Company Directorship / Secretarial Positions - additional details

Does any Partner / Director hold a Directorship(s) or Secretarial position with any other practitioner or business? Yes No

If yes, please give details (i.e. Company Name, Position, length of time involved)