



PROFESSIONAL INDEMNITY INSURANCE INTERMEDIARY ADDENDUM

IMPORTANT NOTICE

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
3. Reference to Insured in this Supplementary Proposal Form means:
 - the entity or entities named in question 1
 - the past and/or present employees or principals of the entity or entities; and
 - the directors of the entity or entities and all subsidiary entities for whom cover is required.

1. Proposed Insured:
2. Date that the original Proposal Form was signed and dated, to which this Addendum attaches to:
3. If the Proposed entity is a Licensed Insurance Broker:
 - a) Please state the Financial Services License Number:
 - b) Is the Entity licensed to transact General Insurance? Yes No
 - c) Is the Entity licensed to transact Life Insurance? Yes No
 - d) Is the Entity licensed to transact any other Financial Products? Yes No

If "Yes" please provide details:

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4. In the table below – please list all Authorised Representatives involved in the Proposer’s business (including all Principals, Employees and Corporate Authorised Representatives), indicating whether any individuals are salaried employees or paid on commission:

Full Name	ASIC Authorised Rep. Number	Salaried? Yes/No	Commission? Yes/No

5. Does the Proposer act as an Underwriting agent or hold any binding Authorities? Yes No

If "Yes", how many?



a) If so, for each facility state the security, the products and the limits involved:

Class of Business			
Max Limit of Binding			
Underwriter			

b) Does any facility provide any claims handling authority? Yes No

If "Yes", please note Class of Business & Limit of Settlement:

c) Has an audit ever been carried out in respect of any facility? Yes No

d) If the answer to c) was "Yes", please answer the following?

i. When was the last audit carried out?

ii. Were any audit fining made known to you? Yes No

iii. What recommendations/requirements did the auditor or Insurer make as a result of the audit?

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iv. Have all such recommendations been actioned? Yes No

If "No", please state why?

6. Does the Proposer place any insurance with Unauthorised Insurers/DOFI's? Yes No

If "Yes" please provide details:

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7. Is the Proposer a member of an Industry cluster group? Yes No

If "Yes", please state which:

8. Please complete the following table, stating your income from the following? (please round to nearest dollar)

Financial Year	Brokerage / Commission	Policy Fees	Other Fees	Total
Current /	\$	\$	\$	\$
Last /	\$	\$	\$	\$
Previous /	\$	\$	\$	\$

9. Please state the Gross Premium processed for current year: \$.....

10. Please state Total Expenses for current year: \$.....



11. Please show below, the gross premium as a percentage to total 100%, between all products for the last complete financial year:

Domestic Fire/Contents	
Commercial Fire/Contents/Pack	
ISR	
Domestic Motor	
Light Commercial Motor (to 3 tonnes)	
Heavy Commercial Motor (over 3 tonnes)	
Liability	
Aviation	
Marine	
Livestock	
Workers Comp	
Personal Accident	
Life	
Other (Please Specify)	
TOTAL	100 %

DECLARATION AND AGREEMENT

I/We declare in relation to the facts, statements and particulars contained in this Addendum as follows:

- I/We have made all reasonable and necessary enquiries;
- I/We confirm that to the best of our knowledge and belief, they are true and complete;
- No material facts have been omitted, misstated, misrepresented or suppressed; and
- Should any of the information given by us alter between the date of this Addendum and inception date of the insurance to which this Proposal relates, we will give immediate notice thereof to the insurer.
- I/we acknowledge that this Addendum forms part of the Professional Indemnity Proposal Form signed and dated on the date disclosed in question 2.

I/We acknowledge receipt of the Important Notices on Page 1 contained on this Addendum Form and that we have read and understood the content of those Notices.

I/We confirm that we are authorised by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.

Name of Business:

Signature/s:

(This Proposal should only be signed by a Principal, Partner or Director of the Proposed Insured)

Title of Signatory:

Full Name of Such Person:

Date of Signing: