

## ACCOUNTANTS PROFESSIONAL INDEMNITY PROPOSAL FORM

### IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL

#### A. Your Duty of Disclosure

Before you enter into a contract of general 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 whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the course of his 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 its beginning.

#### B. Claims Made and Notified Policy

This proposal form is for Professional Indemnity Insurance on a "Claims made and Notified" basis. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. It does not provide cover for:

- claims arising from an event which occurred before the policy's "retroactive date" where such a date is specified in the schedule;
- claims made after the period of cover expires (even where the event giving rise to the claim occurred during the period of cover);
- claims made, threatened or intimated before the period of cover commenced;
- claims arising from facts or circumstances of which you first became aware before commencement of the policy and which you knew or ought reasonably to have known, had the potential to give rise to a claim under the policy of any previous policy;
- claims arising from circumstances noted on the proposal form or any previous proposal form.

#### C. Subrogation Agreements

Where another person would be liable to compensate you for any loss or damage otherwise covered by the insurance, but you have agreed with that person either before or after the loss or damage occurred that you would not seek to recover any monies from that person, the Insurer will not cover you under the insurance for such loss or damage.

## D. Privacy

Berkley Insurance Australia seeks at all times to comply with the Privacy Act 1988 and the Australian Privacy Principles therein. If we disclose personal information to you for any reason you must also act in accordance with and comply with the terms of the Privacy Act and the Australian Privacy Principles.

### Purpose for collection of information

The information contained in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy.

### Disclosure of Information that you provide to us

Berkley Insurance Australia will only use the information in accordance with the terms of the Privacy Policy. Without limiting the application of the Policy Berkley Insurance Australia may disclose personal information to other individuals or organisations in connection with your claim, including legal advisors, other parties, other lawyers, experts and witnesses, courts and tribunals and other organisations that need to be involved in the matter. By submitting your notification and continuing to deal with us you consent to Berkley Insurance Australia and these parties collecting, using and disclosing personal and sensitive information about you for these purposes. By signing the claim form you are consenting to the above.

You warrant to us that where you provide us with personal information that you have collected from other individuals:

- That the information has been collected in accordance with the Privacy Act 1988.
- That we are authorised to receive that information from you and to use it for the purpose of providing legal claims management services and advice.
- You, and the person who provided you with the information, are aware and have complied with the Privacy Act 1988 and have notified the person about whom the personal information is collected of the collection use and disclosure of such information.

By executing the claim form you are indemnifying Berkley Insurance Australia against any breach that arises directly or indirectly out of any act or omission of your part which does not accord with the conduct required under the Privacy Act 1988.

### Direct Marketing

We do not disclose personal information that we collect to a third party for the purpose of allowing them to direct market their products and services unless you have given us your permission for us to do this.

### Cross Border

We will share your personal information with the Berkley group of companies. Our data containing your information is stored in our data centre using dedicated Berkley hardware and network. We may also use Saas, Cloud computing or other technologies from time to time and your information may be stored outside Australia. We will not transfer personal information to a recipient in a foreign country unless we have appropriate protections in place as required by the relevant privacy laws. Your information will be stored on our data base for such period of time as required by law.

### Further information

If you would like further information, please review our full Privacy Policy on our website [www.berkleyinaus.com.au](http://www.berkleyinaus.com.au), or if you have any complaints or concerns over the protection of the information you have given to us or that we have collected from others, contact the National Head of Claims at the Sydney address listed at the back of this form or alternatively send an email to [australiacclaims@berkleyinaus.com.au](mailto:australiacclaims@berkleyinaus.com.au).

## SECTION 1 – GENERAL DETAILS

1. Please provide the following details:

Name of proposer(s) to be covered	ABN	Date established

2. Main address of the proposer and any other addresses:

Principal address:

Other addresses:

Email address:

Website address:

3. Individual, partner, principal, director, consultants details:

Name	Age	Qualifications	Date(s) Qualified	Length of Service	
				This practice	Previous practice

Please attach CV where the proposer has been established less than 3 years and/or where any individual has no relevant qualifications.

4. Number of employees split between the following:

Principles/Directors	Qualified Staff	Administrative	Other (specify)	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. During the past 6 years has the proposer's name been changed, has any other business been purchased and/or has any merger or consolidation taken place?

No ☐ Yes ☒

If yes, please provide details:

## SECTION 2 – THE BUSINESS: WORK UNDERTAKEN

1. Please state the percentage of the Insured's fee income for the last 12 months and the next 12 months that was derived from the following type of work:

Type of work	% last 12 months	% next 12 months	Tick if the insured has done this type of work in the past
Accounts Preparation/Book Keeping	%	%	<input type="checkbox"/>
Audit of not for profit organisations	%	%	<input type="checkbox"/>
Audit of self-managed superannuation funds	%	%	<input type="checkbox"/>
Management Accounting	%	%	<input type="checkbox"/>
Taxation GST/BAS	%	%	<input type="checkbox"/>
Taxation for Individuals	%	%	<input type="checkbox"/>
Taxation for companies with revenue under \$2 million	%	%	<input type="checkbox"/>
Taxation for companies with revenue over \$2 million	%	%	<input type="checkbox"/>
Management Consulting	%	%	<input type="checkbox"/>
Forensic Accounting	%	%	<input type="checkbox"/>
Computer Consulting	%	%	<input type="checkbox"/>
Audit of private companies	%	%	<input type="checkbox"/>
Audit of public companies	%	%	<input type="checkbox"/>
Audit of Financial Institutions	%	%	<input type="checkbox"/>
Insolvency, receivership and liquidation	%	%	<input type="checkbox"/>
Mergers & Acquisitions	%	%	<input type="checkbox"/>
Investment advice/Investment management/Financial planning/Securities dealing	%	%	<input type="checkbox"/>
Business broking	%	%	<input type="checkbox"/>
Insurance Agency	%	%	<input type="checkbox"/>
Business Valuation	%	%	<input type="checkbox"/>
Other (please detail on a separate sheet)	%	%	<input type="checkbox"/>

2. Does the Insured have an Australian Financial Services Licence?

No ☐ Yes ☒

If yes, do you want cover under the policy for which you are now applying?

No ☐ Yes ☐

3. Is the proposer aware of any change in activity/structure that will occur in the coming financial year?

No ☐ Yes ☒

If yes, please provide full details including nature of work undertaken and income derived.

4. Please provide the proposer's fees/income in each of the financial years derived from clients based in:

	Last Financial Year Ended __/__/__	Current Financial Year Ending __/__/__	Coming Financial Year Ending __/__/__
Australia			
Elsewhere			
Total			

If fee/income are/is derived from clients based "Elsewhere" please provide details including countries involved and income derived.

5. Please give a percentage split totalling 100% of which state(s) generate the proposer's income.

NSW	VIC	QLD	SA	WA	TAS	NT	ACT	O/S
%	%	%	%	%	%	%	%	%

6. What was the proposer's largest fee earned from one client and the average fee per client in the last year?

Largest:

Average:

7. Please list the proposer's five largest contract assignments undertaken in the last three years

Type of service and country	Fee	Contract value	Date commenced	Date completed
1.				
2.				
3.				
4.				
5.				

8. Is the proposer a member of a consortium or has the proposer entered into a joint venture agreement?

No ☐ Yes ☐ 

If yes, please provide full details including nature of work undertaken and income derived.

### SECTION 3 – THE BUSINESS: RISK MANAGEMENT

1. Is the proposer a member of any Association or accredited to any quality systems such as the ISO9000?

No ☐ Yes ☐ 

If yes, please provide details:

2. What are the proposer's procedures in operating a diary system?

3. If the proposer is a sole practitioner, please provide details of arrangements to maintain service and standards in the event of sickness or holiday?

4. Does the proposer have written procedures or checklists for the services performed?

No ☐ Yes ☐ 

If yes, please provide details:

5. What records are kept by the proposer of telephone conversations and attendance at meetings?

6. Does the proposer subscribe to any form of Continuing Professional Development or Education?

No ☐ Yes ☐

If yes, please provide details:

7. What are the proposer's procedures, such as letters of engagement, to ensure clients' requirements are clearly identified and can be met?

8. Does the proposer always obtain satisfactory written references when engaging employees?

No ☐ Yes ☐

If yes, please provide details:

9. Does the proposer ensure that any outside consultants engaged carry their own Professional Indemnity Insurance?

No ☐ Yes ☐

If yes, please provide details:

## SECTION 4 – CLAIMS INFORMATION

1. After full enquiry has the proposer sustained any loss through the fraud or dishonesty of any person?

No ☐ Yes ☐

If yes, please provide details (please attach a separate piece of paper if necessary):

2. After full enquiry is the proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner or employee?

No ☐ Yes ☒

If yes, please provide details:

3. After full enquiry, is the proposer aware of any circumstance or incident which has or could result in any claim being made against the proposer's business, or any principal, partner, director, or employee whilst in this or any other business?

No ☐ Yes ☒

If yes, please provide details:

Date matter notified	Insurer	Claimant (or potential claimant)	Brief description	Amount paid including legal costs	Estimate of liability if not paid	Finalised or open

4. After full enquiry is the proposer aware of any circumstance or incident which has or could result in any claim being made against the proposer's business, or any principal, partner, director, or employee whilst in this or any other business?

No ☐ Yes ☒

If yes, please provide details:

5. After full enquiry has any principal, partner, director or employee been subject to any disciplinary proceedings or actions for professional misconduct whilst in this or any other business?

No ☐ Yes ☒

If yes, please provide details:



## SECTION 5 – INSURANCE COVERAGE

1. Does the proposer currently have Professional Indemnity Insurance in force for the activities for which cover is being sought?

No ☐ Yes ☐ ►

If yes, please provide the following details:

Insurer:

Limit:

Excess:

Renewal date:

Number of years  
cover has been  
continuously in  
force:

2. Has any proposal for similar insurance made on behalf of the proposers business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

No ☐ Yes ☐ ►

If yes, please provide details:

## SECTION 6 – INSURANCE REQUIRED

Please indicate the limit of indemnity you require and the excess you would prefer (Note: an excess will apply).

1. Limit of indemnity:

a) \$1,000,000 ☐

b) \$2,000,000 ☐

c) \$5,000,000 ☐

d) Other (specify)

2. Excess:

e) \$2,000 ☐

f) \$5,000 ☐

g) \$10,000 ☐

h) Other (specify)

## SECTION 7 – DECLARATION

I declare that I am authorised to complete this Proposal Form (Proposal) on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Proposal are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Proposal is entered into.

By completing and signing this Proposal you acknowledge, accept and agree that:

- (a) BIA may issue a policy to replace your expiring policy underwritten by W. R. Berkley Insurance (Europe) Limited trading as W. R. Berkley Insurance Australia (WRBIA);
- (b) In underwriting and issuing a replacement policy BIA does and will rely on all disclosures, proposals, declarations and representations made by you to WRBIA and to BIA.

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Date

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Name of authorised individual/partner/principal/director

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Signature of authorised individual/partner/principal/director

### **Sydney**

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