

Accountants Addendum Questionnaire



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 your reply.
- If there is insufficient space, please provide further details on your letterhead.

Income details

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

Activity	Percentage breakdown %	Last financial year's gross fees \$	Current financial year's gross fees \$
Account preparation			
Auditing a. Public listed companies b. Non public listed companies			
Bookkeeping			
Business valuations			
Company directorship/secretarial positions			
Insolvency, receivership or liquidations a. Public listed companies b. Non public 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, or 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 Company 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 Proposer 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

I declare that the statements and particulars are true and that I have not misstated or suppressed any material facts. I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance. I acknowledge that I have read and understood the "Your Duty of Disclosure" on the first page of the Proposal. I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. I am authorised to complete the above information on behalf of the Insured named in the Proposal.

Insured's name:

Signature principal(s)/partner(s)/directors:

Date:

/ /

Any queries, please contact us

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