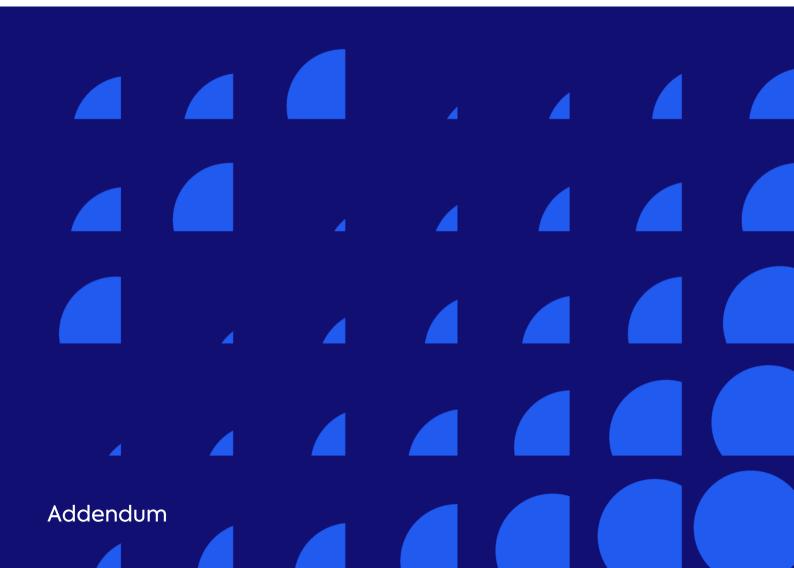
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Accountants Professional Indemnity Addendum



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.

Insu			

Please provide a breakdown of the Insured's gross fe fields of work, by stating the whole amounts in Austr	-		from the following
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 business and Insured's involvement either detailed b	•		ved and the nature of
Are any Partners, Principals, or Directors connected with any other practice or business?	or associated (finar	ncially or otherwise)	Yes No
Does the Insured or any Principal, Partner, Director o any Mergers and Acquisitions related activities?	r Employee of the Ir	nsured, engage in	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 be of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement 	en made aware					
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 se Proposal Form 	ection of the					
 I understand that, until a contract of insurance is entered into, I am under a continuing obligation inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this 	-					
 I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and accompanying documents will form the basis of the contract 	ıny					
To be signed by the Insured for whom this insurance is intended for						
Signature:						
Name:						
Position:						
Date (DD/MM/YY): / /						

solution.

Next Level Underwriting™

Any queries, please contact us

Solution Underwriting Agency Pty Ltd

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