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:

	Percentage breakdown	Last financial year's gross fees	Current financial year's gross fees
Activity	%	\$	\$
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 or add an attachment.			
Are any Partners, Principals, or Directors connected or associated (financially or otherwise) Yes With any other practice or business?			Yes No
Does the Insured or any Principal, Partner, or Director or Employee of the Insured, engage in Yes No any Mergers and Acquisitions related activities?			
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?
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?
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 Notices section of the Proposal form Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement. 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 Notices section of the
 Proposal Form I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Addendum
• I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and any
accompanying documents will form the basis of the contract
Insured's name:
Signature principal(s)/partner(s)/directors:
Date: / /

Any queries, please contact us

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