



PROFESSIONAL INDEMNITY INSURANCE

ADDENDUM – ACCOUNTANTS

1. State percentage of gross fees derived from following work:

Insolvency/Receivership %	Audit – Other %
Taxation %	Accountancy (General Practice) %
Management Consultancy %	Other (please describe if over 10%) %
Audit - Financial Institutions %		

2. Please indicate if you require cover for the following extensions:

(a) One Automatic Reinstatement Yes No

(b) Forged transfer (in respect of share register work) Yes No

3. Does the firm offer management services where staff of the firm are loaned / hired / seconded to clients on other than a temporary basis? Yes No

If Yes, please give details of supervisory arrangements and proportion of practice such activities constitute.

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4. Does the firm act as agent / manager for any building society, credit union, insurance company or other financial institution? Yes No

If Yes, please give details of supervisory arrangements and proportion of practice such activities constitute.

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5. Do you manage any superannuation funds? Yes No

If Yes, please answer the following questions

(a) Is the superannuation fund for the partners' and staff's own benefit or are they for the benefit of the firm's clients? Yes No

(b) If they are for the firm's clients, are the superannuation funds invested At the discretion of the firm? Yes No

If Yes, how are the funds invested?

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- (c) Do you inform your clients as to how the funds are invested and are they required to confirm their agreement? Yes No
- (d) Does the firm manage the funds by way of a trust account to be passed onto a recognised fund at the direction of your client? Yes No
- (e) Has pre-determined investment criteria been established and agreed between the firm and its clients? Yes No

DECLARATION

We acknowledge that we have read and understand the **Important Notices** contained in this proposal. We agree that this proposal, together with any other information or documents supplied to the Insurer will form the basis of the contract of insurance.

We acknowledge that if this proposal is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the Insurer. We declare, after enquiry, that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and are complete.

We undertake to comply with our duty of disclosure and inform the Insurer of any material alteration to those facts before this contract of insurance is entered into.

Signed for and on behalf of each and every person and Company to be insured.

*Signed:

(Chairperson)

(Managing Director/Chief Executive Officer)

Dated: _____ / _____ / 200_____ / _____ / 200_____

Name: _____

Company: _____

*It is preferable that the proposal be signed by every available Partner/Principal