

Addendum Questionnaire

Accountant

SECTION 1: PROFESSION RELATION QUESTION

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

Fees Earned From:	Percentage Breakdown	Last Financial Year's Gross Fees	Current Financial Year's Gross Fees
	%	\$	\$
1. Account Preparations			
2. Auditing			
a. Public listed companies			
b. Non public listed companies			
3. Book Keeping			
4. Business Valuation			
5. Company Directorship/ Secretarial Positions			
6. Insolvency, Receivership or Liquidations			
a. Public listed companies			
b. Non public listed companies			
7. Superannuation Fund Management/Trusteeship			
8. Taxation			
9. 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 on a separate sheet of paper.

2. Are any Partners, Principals, or Directors connected or associated (financially or otherwise) with any other practise or business? Yes [] No []
3. Does the Insured or any Principal, Partner, or Director or Employee of the Insured, engage in any Mergers and Acquisitions related activities? Yes [] No []

4. Have any Claims been made against the Company for professional negligence, error or omission in the last 5 years? Yes [] No []

If YES, please provide further details of the Claim, the Claim amount and any payments:

5. 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:

SECTION 2: 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 "Notice to Insured" 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)/ Director(s):.....

Date (dd/mm/yyyy):.....