

Instructions for completing this Supplementary Proposal Form

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
3. Reference to Insured in this Supplementary Proposal Form means:
 - the entity or entities named in question 1
 - the past and/or present employees or principals of the entity or entities; and
 - the directors of the entity or entities and all subsidiary entities for whom cover is required.

1. Name of all entities to be insured

2. Date that the Proposal Form to which is this is a Supplementary Proposal Form was signed and dated

3. Employee Details

Please state number of employees responsible for money, goods, accounts, other financial & treasury functions or computer programming operations as follows:

Australia	<input type="text"/>
Elsewhere	<input type="text"/>
Total	<input type="text"/>

4. Recruitment and employment procedures

In respect of employees responsible for money, goods, accounts, other financial & treasury functions or computer programming operations are written or verbal references obtained directly from former employers for the three years immediately preceding their engagement? Yes No

If No, please provide explanation.

5. Bank account

a. Are bank accounts independently reconciled by persons not authorised to deposit or withdraw funds from the account at least monthly? Yes No

b. Do all manually prepared cheques and other bank instruments above a certain amount require two manually applied signatures added after the amount has been inserted with one signatory examining the supporting documentation? Yes No

If Yes, state amount and has Insured's bank been advised? Yes No

c. Do employees receiving cash and cheques in the course of their duties remit all monies received and/or bank in full on the day of receipt or next banking day? Yes No

d. Are securities inventoried independently of staff responsible at least every 12 months? Yes No

e. Are duties segregated so that no one individual can open a new bank account without referral to others? Yes No

If No to a, b, c, d or e, please provide details of how these checks are carried out.

6. Fidelity Loss history

During the last 5 years has the Insured suffered a loss in relation to the risks to which this Supplementary Proposal for insurance relates?

Yes

No

If Yes, please provide details.

Date	Type of Loss	Location	Amount \$	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What action has been taken to prevent a recurrence of the situation that gave rise to each loss?

Declaration

I/We the undersigned duly authorised person(s) declare that:

- i. I am/we are authorised by each of the Insured to sign this Supplementary Proposal Form; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Supplementary Proposal Form has been withheld; and
- iv. I/we have read the **important facts** which you have put before me/us in the Professional Indemnity Proposal Form and I/we understand the advice given in relation to the **duty of disclosure**; and
- v. I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- vi. I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- vii. I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- viii. I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal Form and otherwise made by me/us in relation to this insurance; and
- ix. except where indicated to the contrary, I/we understand that any statement made in this Supplementary Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- x. I/we have read Vero's Privacy Statement which you have put before me/us in the Professional Indemnity Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement; and
- xi. I/we acknowledge that this Supplementary Proposal forms part of the Professional Indemnity Proposal Form signed and dated on the date disclosed in question 2.

Signed

Name of Partner(s) or Director(s)

On behalf of* *** Insert Name of Firm**

Date