

**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. Is cover required for the Insured's possible vicarious liability for contractors or employees who are on-hired to a host employer? Yes  No

a) If Yes, please provide copies of your standard contracts with host employers.

4. Do you use standard contracts with on-hired employees? Yes  No

5. Please state gross fees/ turnover from permanent placements.

Australia Overseas

a) Previous 12 months

b) Last 12 months

c) Next 12 months (estimate)

6. Does the Insured make personnel placements overseas? Yes  No

a) If Yes, please state in which countries personnel are placed and in which industries overseas personnel placements are made.

7. Does the Insured source candidates from overseas? Yes  No

a) If Yes, please state from which countries overseas candidates are sourced and in which industries overseas personnel are placed:

8. Describe the Insured's reference checking procedures:

9. Does the Insured carry out occupational health and safety checks on host employers prior to placing on-hired employees? Yes  No

10. On-hired employees

Please show in the categories below, the gross wages that are paid to employees who are on-hired to a host employer.

| <b>Employees</b>                | <b>Last 12 months</b> | <b>Current 12 months (estimate)</b> |
|---------------------------------|-----------------------|-------------------------------------|
| <b>Clerical/Secretarial</b>     | \$                    | \$                                  |
| <b>Professionals:</b>           |                       |                                     |
| a) Accountants                  | \$                    | \$                                  |
| b) Architects                   | \$                    | \$                                  |
| c) Engineers                    | \$                    | \$                                  |
| d) IT Consultants               | \$                    | \$                                  |
| e) Nurses/Healthcare workers    | \$                    | \$                                  |
| <b>Blue Collar:</b>             | \$                    | \$                                  |
| <b>Others:</b> (describe below) | \$                    | \$                                  |



11. On-Hired Services (Contractors)

Please show in the categories below, the gross fees paid to contractors (which can include sole traders, partnerships, trust and proprietary companies) who are on-hired to a host employer.

| <b>Contractors</b>              | <b>Last 12 months</b> | <b>Current 12 months (estimate)</b> |
|---------------------------------|-----------------------|-------------------------------------|
| <b>Clerical/Secretarial</b>     | \$                    | \$                                  |
| <b>Professionals:</b>           |                       |                                     |
| a) Accountants                  | \$                    | \$                                  |
| b) Architects                   | \$                    | \$                                  |
| c) Engineers                    | \$                    | \$                                  |
| d) IT Consultants               | \$                    | \$                                  |
| e) Nurses/Healthcare workers    | \$                    | \$                                  |
| <b>Blue Collar:</b>             | \$                    | \$                                  |
| <b>Others:</b> (describe below) | \$                    | \$                                  |

**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\*

Date