

Important Facts Relating To This Proposal Form

You should read the following advice before proceeding to complete this proposal form.

duty of disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim, refuse to pay the claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

claims made and notified basis of coverage

The Professional Indemnity Insurance Policy is issued on a 'Claims made and Notified' basis.

This means that the Insuring Clause responds to:

- a) claims first made against you during the policy period and notified to the insurer during the policy period, provided that you were not aware at any time prior to the policy inception of circumstances which would have put a reasonable person in your position on notice that a claim may be made against him/her; and
- b) written notification of facts pursuant to section 40(3) of the Insurance Contracts Act 1984. The facts that you may decide to notify, are those which might give rise to a claim against you.
Such notification must be given as soon as reasonably practicable after you become aware of the facts and prior to the expiry of the policy period. If you give written notification of facts the policy will respond even though a claim arising from those facts is made against you after the policy has expired. For your information, section 40(3) of the Insurance Contracts Act 1984 is set out below:

"S40(3) Where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim when made by reason only that it was made after the expiration of the period of the insurance cover provided by the contract."

When the policy period expires, no new notification of facts can be made on the expired policy even though the event giving rise to the claim against you may have occurred during the policy period.

retroactive date

You will not be entitled to indemnity under your new policy in respect of any claim resulting from an act, error or omission occurring or committed by you prior to the retroactive date, where one is specified in the policy terms offered to you.

subrogation waiver

Our policy contains a provision that has the effect of excluding or limiting our liability in respect of a liability incurred solely by reason of the Insured entering into a deed or agreement excluding, limiting or delaying the legal rights of recovery against another.

privacy statement

The Privacy Act 1988 (Cth) (as amended) requires us to inform you that:

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purposes of:

- ▼ identifying you when you do business with us;
- ▼ establishing your requirements and providing you with the appropriate product or service including evaluating your application for insurance and any request for amendment to any insurance provided;
- ▼ setting up, issuing, administering and managing the insurance provided following acceptance of an application;
- ▼ assessing and investigating and, if covered, managing claims made in relation to any insurance you have with us or other companies within the Suncorp group; and
- ▼ understanding your needs and improving our financial products and services, including training and developing our staff and representatives.

We may use and disclose your personal information for a secondary purpose related to those purposes listed above, where you would reasonably expect us to sue or disclose your personal information for that secondary purpose. In the case of sensitive information, any secondary purpose, use or disclosure will be directly related to the purposes listed above.

Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- ▼ other companies within the Suncorp group;
- ▼ intermediaries including your agent, adviser, a broker, a representative acting on your behalf, other Australian Financial Services Licensees or our authorised representatives and our agents;
- ▼ government bodies, law enforcement or statutory bodies, other insurance companies, reinsurers, financial institutions, insurance and claims reference providers, credit agencies, loss assessors, financiers or investigative service providers;
- ▼ mailing houses, customer research organisations;
- ▼ legal and other professional advisers; and
- ▼ other service providers, hospitals, medical and health professionals.

Marketing purposes

We would like to use and disclose your personal information to keep you up to date with the range of products and services available from Suncorp. Generally, our companies in the Suncorp group will use and disclose your personal information for Suncorp's marketing purposes. We may also use your personal information for the purpose of marketing other products and services of third parties we think may be of interest to you. If you do not want us to use and disclose your personal information for the purpose of marketing products and services to you, you should contact us and tell us. Please contact us on the details provided on the last page of this Proposal Form.

Disclosure of personal information overseas

Our business is trans-Tasman and therefore we will have instances where for the purposes detailed above we may send your personal information to other companies in Suncorp who are in either in Australia or New Zealand. There are also other instances where we may have to send your personal information overseas or collect personal information from overseas. These instances include:

- when you have asked us to do so;
- when we are authorised or required by law to do so;
- when we have outsourced a business activity or function to an overseas service provider with whom we have a contractual arrangement;
- certain electronic transactions; or
- it is necessary in order to facilitate a transaction on your behalf.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to administer your policy or manage any claim under your policy.

Access

You can request access to the personal information we hold about you by contacting a Vero office at one of the addresses shown on the last page of this Proposal Form. In some circumstances we are able to deny your request to your personal information, such as when it is unlawful to give it to you. If we deny your request for access, we will tell you why.

Privacy Statement Issued

Vero Insurance Limited – registered office Level 18, 36 Wickham Terrace, Brisbane, Queensland 4000.

general insurance code of practice

Vero Insurance Limited (Vero) has adopted the General Insurance Code of Practice which has been developed by the Insurance Council of Australia. The Code is designed to promote good relations and good insurance practice between insurers, intermediaries and consumers.

The Code sets out what insurers must do when dealing with policyholders/the insured. Please contact Vero for more information about the Code, if required.

our complaints handling procedures

Resolving your complaints

If you think we have let you down in any way, or our service is not what you expect (even if through one of our agents or representatives), please tell us so we can help. You can tell us by phone, in writing or in person.

Should you tell us in writing it will help to send us the full details of your complaint together with any supporting documents and an explanation of what you want us to do. If you would like to come in to talk to us face to face, please call and we will arrange an appointment for a meeting.

What we will do to resolve your complaint

When you first let us know about your complaint or concern the person trying to resolve your complaint will listen to you, consider the facts and contact you to resolve your complaint as soon as possible, usually within 24 hours.

If you are not satisfied with this person's decision on your complaint, then it will be referred to the relevant Operational Manager, who will contact you within 5 working days.

Should you not be satisfied with the Operational Manager's decision, then it will be referred to the General Manager (or their delegate). We will send you our final decision within 15 working days from the date you first made your complaint.

What if you are not satisfied with our final decision?

We expect our procedures will deal fairly and promptly with your complaint. However if you are not satisfied with our final decision there are external dispute remedies such as mediation, arbitration or legal action.

guidelines to help you complete this 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 Proposal Form.
3. Reference to Insured in this Proposal Form means:
 - the entity or entities named in question 1; and
 - the past and/or present employees, sole practitioners, partners or directors of the entity or entities named in question 1.
4. Reference to "North America" in this Proposal Form means the United States of America and Canada and their respective territories and protectorates.

section 1 – details of the insured

1. Name of all entities to be insured

<input type="text"/>	ABN: <input type="text"/>
<input type="text"/>	ABN: <input type="text"/>

2. Telephone Number () Facsimile Number ()

Email Address

Website Address

3. Address of Principal Office State Postcode

4. Address(es) of other Office(s) State Postcode

State Postcode

5. Date business established / /

6. a) Please list the Professional Body/s or Association/s of which the Insured is a member.

b) Does the Insured hold a practising certificate with any of the Professional Body/s or Associations noted in 6(a) above? Yes No

If Yes, please identify below with whom the Insured holds those practising certificates.

7. Name of all principals, directors, partners	Age	Qualifications	Date Qualified	How long practising
<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"/> / <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"/>

8. Total number of Principals and Staff	Full Time	Part Time
Directors Partners Principals	<input type="text"/>	<input type="text"/>
Qualified Employee Accountants	<input type="text"/>	<input type="text"/>
All Other Employees	<input type="text"/>	<input type="text"/>
Consultants/Subcontractors	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

9. Has the Insured been involved in any mergers or acquisitions in the last five years? Yes No

If Yes, please provide details

section 1 – details of the insured (continued)

10. Has the Insured been involved in any joint ventures in the last five years? Yes No

If Yes, please provide details

11. Has any partner, principal, director or employee of the Insured ever been employed by any of the following accounting firms? Yes No

- a) Arthur Anderson
- b) Deloitte Touche Tohmatsu
- c) Ernst & Young
- d) KPMG
- e) Price WaterhouseCoopers
- f) Or any individual or merged combination thereof

If Yes, please give details:

12. Is Previous Business cover required for the previous business of any principal, director or partner? Yes No

If Yes, please advise:

Name of principal, director or partner	Name of Previous Business	Professional Services
<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"/>

13. Does the Insured have an Australian Financial Services Licence? Yes No

If Yes please state the AFSL number

14. Is the Insured represented in any way outside Australia? Yes No

If Yes, please state Country, Fees / Turnover, Number of Staff and Number of Offices

Country	Fees/Turnover	Number of Staff	Number of Offices
<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"/>

15. Is the Insured represented in any way in North America? Yes No

If Yes, please provide details

16. Please state gross fees / turnover (as applicable), payable by clients.

Location	Previous 12 months	Last 12 months	Next 12 months
a) Australia	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
b) elsewhere (excluding North America)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
c) in North America (including work performed outside those areas for persons, companies, firms, or organisations having an address therein)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total of a), b) and c) above	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

17. Stamp Duty Declaration – Please provide a percentage breakdown of fees / turnover by location as follows

NSW	%	VIC	%	QLD	%	SA	%	WA	%
TAS	%	ACT	%	NT	%	Overseas	%	Total	100%

section 1 – details of the insured (continued)

18. Please state the approximate percentage of the Insured’s fee income for the last 12 months and next 12 months that was derived from the following types of work:

Type of work	% last 12 months	% next 12 months	Tick if the Insured has done this type of work in the past
Audit of not for profit organisations, self managed superannuation funds	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Other Audit (private companies, unlisted and listed public companies and financial institutions) Please complete the Audit Supplementary Questions	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Insolvency, receivership and liquidation Please complete the Insolvency, Receivership and Liquidation Supplementary Questions	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Business valuations Please complete the Business Valuations Supplementary Questions	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Preparation of accounts/book keeping	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Management accounting	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Taxation/GST/BAS	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Superannuation fund management, trusteeships and executorships	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Management consulting	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Company directorships/company secretary	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Investment advice/investment management/financial planning/security dealing	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Computer consultants	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Mergers and acquisitions	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Business broking	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Mortgage/finance broking	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Forensic accounting	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Insurance agency	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Other (please describe)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

19. Does the Insured subcontract any of their activities?

Yes No

If Yes,

a) Please state percentage of gross fees / turnover paid to subcontractors in the last 12 months?

%

b) What activities are subcontracted?

c) Do all subcontractors have Professional Indemnity Insurance?

Yes No

section 1 – details of the insured (continued)

20. Does the Insured provide advice on:

- a) setting up of captives? Yes No
- b) offshore investments? Yes No

If Yes in either case, please give details:

21. Is the Insured or any partner, principal or director of the Insured connected or associated (financially or otherwise) with any other practice or business?

- Yes No

If Yes, please give details:

22. Does the Insured have a risk management and or quality control system in place?

- Yes No

If Yes, please provide the following details:

- a) Was the system developed by the Insured? Yes No

If Yes, please provide full details of the system.

- b) Was the system developed by an external party? Yes No

If Yes please provide details of the name of the system and its creator/supplier.

- c) How often is the functionality of the system audited or checked and by whom?

- d) Please provide details of the last system audit.

23. Does the Insured have any Professional Indemnity Insurance currently in force?

If Yes, please state:

Name of Insurer		Limit of Indemnity	
Renewal Date	/ /	Excess	
Retroactive Date	/ /		

section 2 – general details

1. Has any insurer, in respect of the risks to which this proposal relates, ever:

- a) declined a proposal, refused renewal or terminated an insurance? Yes No
- b) required an increased premium or imposed special conditions? Yes No
- c) declined an insurance claim by the Insured or reduced its liability to pay an insurance claim in full (other than by application of an Excess)? Yes No

If Yes to any of the above, please give details

section 3 – claims and circumstances

1. a) Has any claim been made against the Insured or any principal, partner or director (either as a principal, partner or director of the Insured or of any previous business), consultant or employee in respect of the risks to which this proposal relates? Yes No
- b) Has the Insured or any principal, partner, director, consultant or employee incurred any other loss or expense which might be within the terms of the Professional Indemnity cover? Yes No

If Yes in either case, please give details

Date of Claim or loss	Brief details of each Claim or loss	Cost (if any) of Claim paid or loss insured	Estimated outstanding loss
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$
/ /		\$	\$

2. What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?
-
-
-
-

3. Is any principal, director, partner, consultant or employee, **after enquiry**, aware of any circumstances which might:
- a) give rise to a claim against the Insured or his/her predecessors in business or any of the present or former partners, principals, directors, consultants or employees? Yes No
- b) result in the Insured or his/her predecessors in business or any of the present or former partners, directors, consultants, employees or principals incurring any losses or expenses which might be within the terms of the Professional Indemnity cover? Yes No
- c) otherwise affect the Insurer's consideration of this Insurance? Yes No
- If Yes to any, please give details, including maximum potential cost (by separate note if preferred)

It is agreed that if such facts, circumstances or situations exist, whether or not disclosed, any claim arising from them is excluded from this proposed insurance policy.

4. Has the Insured suffered any loss through fraud or dishonesty of any principal, partner, director or employee over the past five (5) years? Yes No
- If Yes, what steps have been taken to strengthen the internal control environment?

section 4 – audit supplementary questions

Complete this section only if "Other Audit" work is disclosed in Q 18

1. Please state the approximate percentage of the Insured's fee income for the last 12 months and next 12 months for all audit work that was derived from the following types of audit work:

	% last 12 months	% next 12 months
Not for profit organisations	<input type="text"/>	<input type="text"/>
Superannuation funds	<input type="text"/>	<input type="text"/>
Self managed superannuation funds	<input type="text"/>	<input type="text"/>
Trust funds	<input type="text"/>	<input type="text"/>
Small private companies	<input type="text"/>	<input type="text"/>
Large private companies	<input type="text"/>	<input type="text"/>
Unlisted public companies	<input type="text"/>	<input type="text"/>
Listed public companies	<input type="text"/>	<input type="text"/>
Financial Institutions	<input type="text"/>	<input type="text"/>
Other – please specify	<input type="text"/>	<input type="text"/>

2. Has the Insured undertaken any other audit activities in the past not already shown in Q 1 above? Yes No
 If Yes, please provide full details by separate attachment.

3. Please provide details of the Insured's five largest audit clients.

client name	nature of business	annual fee
<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"/>

section 5 – insolvency, receivership and liquidation supplementary questions

Complete this section only if "Insolvency, receivership and liquidation" work is disclosed in Q 18.

1. Please state the approximate percentage of the Insured's fee income for the last 12 months and next 12 months for all insolvency, receivership and liquidation work that was derived from the following types of work:

	% last 12 months	% next 12 months
Bankruptcy	<input type="text"/>	<input type="text"/>
Official liquidation	<input type="text"/>	<input type="text"/>
Court appointed services	<input type="text"/>	<input type="text"/>
Creditors voluntary liquidation	<input type="text"/>	<input type="text"/>
Receiverships	<input type="text"/>	<input type="text"/>
Forensic accounting	<input type="text"/>	<input type="text"/>
Regulatory appointments	<input type="text"/>	<input type="text"/>
Investigations	<input type="text"/>	<input type="text"/>
Other – please specify	<input type="text"/>	<input type="text"/>

section 6 – business valuations supplementary questions

1. Complete this section only if “Business Valuations” work is disclosed in Q 18.

Do you undertake valuations or assessments of profitability of:

- a) client companies or businesses? Yes No
- b) other companies or businesses Yes No

If Yes to b)

i) How many valuations or assessments of profitability of other companies or businesses have been undertaken in the last 12 months?

ii) What was the purpose of the valuations or assessments of profitability?

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 Proposal Form; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Proposal Form has been withheld; and
- iv. I/we have read the **important facts** which you have put before me/us 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 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 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 on this Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement.

Signed

Name of Partner(s)
or Director(s)

On Behalf of
(Insert Name of Firm)

Date

How to contact Vero Profin

New South Wales

Locked Bag 25,
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DX 10282 Sydney Stock Exchange
Tel (02) 9295 4292
Fax (02) 9295 4323

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