

Professional Indemnity Supplementary Proposal For customs agents



Specific Details	
1. Name of Proposer	
2. Is the Proposer a current financial member of the Customs Brokers & Forwarders Council of Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Please state the number of:	
a) Working partners, principals or directors	
b) Other licensed customs brokers	
c) All other employees	
d) Total staff	
4. Please state the gross income/commission (not gross receipts) from the last financial year for each of the following activities:	
a) Customs broking	
b) Freight Forwarding	
c) Insurance agency	
d) Other (please specify)	
e) Total	
5. Is the Proposer required to carry more that \$15,000 of Legal Expenses insurance? If Yes, please indicate the level of cover required for this extension	Yes <input type="checkbox"/> No <input type="checkbox"/>
(Legal Expenses insurance provides legal expenses cover to defend claims made against you arising out of loss or damage to property that is NOT a result of a breach of your professional duty)	

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DECLARATION

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

- i. I am/we are authorised by each of the Proposers to sign this Supplementary Proposal; and
- ii. the above statements are correct, true and complete; and
- iii. no information material to this Supplementary Proposal 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 Supplementary Proposal and otherwise made by me/us in relation to this insurance; and
- ix. I/we acknowledge that this Supplementary Proposal forms part of the Professional Indemnity Proposal Form signed and dated

Signed

Name of Partner(s) or Director(s)

On Behalf of* * **Insert Name of Firm**

Date