



Proposal Form

Contact details

Company's Name: _____

Company Contact's Name: _____

Contact's Email Address: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: () _____ Fax: () _____

Accountancy Firm's Name: _____ Suburb: _____

Insured details and questions

Insured Name(s): (List the names of all 'Business Entities' to be covered. The 'Business Entities' must be common majority owned. If this is not the case, please attach a page outlining the ownership or relationship of the various 'Business Entities'. This is best done by a narrative plus an ownership diagram.)

Q1. Is cover required for the Directors? Yes No . If 'Yes', list their names.

Q2. Are all of the 'Insured Names' listed above in the same 'industry sector'? Yes No

If 'Yes', please indicate which 'industry sector'.

If 'No', please list the various 'industry sectors' and cross reference against each of the 'Insured Names' listed above, so we can determine which 'Insured Names' align with which 'industry sectors'.

Q3. If 'Insured Names' listed above are in the same 'industry sector', what is the 'Combined Turnover' of all the

'Insured Names'? \$ _____

Q4. If 'Insured Names' listed above are in different 'industry sectors', please list the 'Combined Turnover' of each 'industry sector'.

Industry Sector: _____ Combined Turnover: \$ _____

Industry Sector: _____ Combined Turnover: \$ _____

Industry Sector: _____ Combined Turnover: \$ _____

Industry Sector: _____ Combined Turnover: \$ _____

(If more space required, please attach a list)

Q5. When were the 'Insured Names' established? Year: _____. If established in different years, please indicate the oldest established and most recent established years.

Oldest established year: _____ Most recent established year: _____

Q6. Have any of the 'Insured Names' incurred a trading loss in the last three (3) years? Yes No
If 'Yes', please list which 'Insured Name(s)' involved; the year; if the loss resulted from 'abnormal' circumstances, please outline the circumstances; and the \$ amount of the loss.

Q7. Have any statutory returns legally required to be lodged with various State and Commonwealth Government Agencies, by any of the 'Insured Names' listed above, been exposed to any form of government inquiry, investigation, review or audit ('audit') in the last five (5) years? Yes No

If 'Yes', please attach a separate page and provide the following information for each 'audit' undertaken.

1. Which Insured Name was audited?
2. What type of 'audit' was undertaken (i.e., Workers Comp, Payroll, BAS, Income Tax, FBT, CGT, Withholding Tax etc.)?
3. In what financial year was the 'audit' commenced?
4. What financial year(s) were 'audited'?
5. Are any of these 'audits' ongoing? If so, what is the current status i.e., still being assessed or determined by the government agency or currently being legally challenged etc.
6. What was the outcome of the 'audit'? Please provide a full copy of the final letter provided by the relevant government agency.
7. Were any fines imposed and if so, what was the magnitude of these fines in dollar terms?
8. Were any penalties imposed and if so, what % level of culpability was determined?
9. What was the approximate level of professional fees incurred?

By signing this Proposal Form, I am acknowledging that none of the director(s), business owner(s), staff or our accountant are aware or have been notified of any circumstance(s) that could lead to a claim under this insurance.

Other Important Notices

Please note that the Policy does not give cover for audits or investigations known about, or which should have been known about, prior to the commencement of the insurance.

The Insurer

The Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 of Level 6, 2 Park Street Sydney NSW 2000

Privacy

New privacy legislation took effect on 21 December 2001. The legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. QBE Insurance (Australia) Pty Ltd has developed a privacy policy which explains what sort of personal information we hold about you and what we do with that information. Please contact your insurance intermediary to obtain a copy of the QBE Insurance (Australia) Pty Ltd "Our Privacy Promise" information brochure. A copy of the brochure may also be obtained from any QBE Insurance (Australia) Pty Ltd office or from www.qbe.com.au.

If You have any queries regarding this policy, please visit www.auditprotect.com.au or feel free to call Underwriting Australia on 1300 595 615 and We will be happy to answer any questions You may have.

Please address any written correspondence to:

Underwriting Australia Pty Ltd
PO Box 432 Concord West NSW 2138

Duty of Disclosure

Your Duty

Before entering into this Policy, You have a duty, under the Insurance Contracts Act, to disclose to Us every matter that You know, or could reasonably be expected to know, to be a matter relevant to Our decision whether to insure You and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate this Policy.

You are not required to tell Us about a matter:

- a) that diminishes the risk to be undertaken by Us;
- b) that is of common knowledge;
- c) that We know or should know in the ordinary course of Our business; or
- d) if We have waived the requirement for You to tell Us.

Non-disclosure

If You do not comply with this duty of disclosure, We may reduce or refuse to pay a claim, or We may cancel the Policy.

If You fraudulently fail to comply with Your duty of disclosure, We may refuse to pay a claim and treat the Policy as never having been in existence.



Signature: _____ Date: ____/____/____

Instructions

Once completed, either scan this Proposal Form and email to team@underwriting.com.au or fax to 1300 739817.