



Application Form

Cover type: Please tick Returns Only or Returns & Compliance.

Applicant's name: _____

Mailing address: _____

State: _____ Postcode: _____ Phone: _____ Fax: _____

Email address: _____

Industry Sector: _____

Accountant firm's name: _____ Suburb: _____

Please select the relevant option(s) (i.e., Individual, Self Employed or Business and, where an individual associated with a Business entity also requires cover, then select both Business and Individual options); and then calculate the premium making certain that you total the Base Premiums and then add GST, Stamp Duty and the Policy Administration Fee.

Individual

Covers professional fees for the nominated individual, their spouse or partner and any passive trust or superfund.

Nominated Individual 1: _____ \$ _____ \$ _____

Nominated Individual 2: _____ \$ _____ \$ _____

(Proceed to Sub Total**)

Self Employed (This option means no employees. If employees, select the Business option)

Covers professional fees for the self employed person, their trading entity, their spouse or partner and any trust or superfund.

Trading Name: _____ \$ _____ \$ _____

(Proceed to Sub Total**)

Business

Covers professional fees for all operating entities under common majority ownership including any trusts or superfunds. List each entity. If not sufficient space, please attach a list.

Entity name 1: _____ \$ _____ \$ _____

Entity name 2: _____ \$ _____ \$ _____

(Proceed to Sub Total**)

Important Notices
Acceptance date of this cover will commence from the date this Application Form is received by your insurance broker.
For assistance, please phone your insurance broker.

| | | | |
|--------------------------------------|-----------|--------|----|
| Sub Total | \$ | _____ | ** |
| +10% GST | \$ | _____ | * |
| Total | \$ | _____ | * |
| +Stamp Duty | \$ | _____ | * |
| +Policy Admin Fee (Includes 10% GST) | \$ | 137.50 | * |
| #Total Premium Payable | \$ | _____ | |

please turn over...

By signing this Application Form, I am acknowledging that none of the director(s), business owner(s), staff or our accountancy firm are aware or have been notified of any circumstance(s) that could lead to a claim under this insurance or aware of circumstances that increase our likelihood of being exposed to an audit..

Declaration

1. Are you fully compliant and registered with relevant government agencies you should be lodging returns/declarations with?
 Yes No
2. Have you lodged all returns/declarations on time and paid relevant tax, duties, levies or the like in full for the periods being insured?
 Yes No
3. In the last 12 months or are you shortly to lodge a return/declaration where you sought or are seeking a refund of tax, duty, levy or the like? Yes No
4. Are you aware of any circumstances, within your business or industry sector, that increases the likelihood of you being audited by a government agency? Yes No
5. Have any of the Individuals or Entities listed on this Application Form been audited by a government agency in the last 5 years?
 Yes No

If 'No' to questions 1. or 2. or 'Yes' to questions 3., 4. or 5., please download the additional 'Supplementary Declaration Page' from the website.

Depending on the additional information provided, we reserve the right to adjust the amount of premium; vary the scope of cover; or decline to accept the risk.

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.

In arranging and effecting this Policy, Underwriting Australia Pty Ltd ABN 50 087 225 661 AFSL 322536 will be acting under authorities given to them by the Insurer. They will be acting as agents of the Insurer, not as Your agent.

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.underwriting.com.au or feel free to call Underwriting Australia Pty Ltd 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: ____/____/____

Make sure you have read the 'Important Notice' panel on the previous page.

Please ensure applicant details are completed in full.