

## ADDENDUM: ACCOUNTANT

### SECTION 1: PROFESSION RELATION QUESTION

1. Please provide a breakdown of your gross fees/income for the past 12 months derived from the following fields of work, either by stating the whole amounts in Australia Dollar (\$) or the percentage:

Fees Earned From:	Percentage Breakdown %	Last Financial Year's Gross Fees \$	Current Financial Year's Gross Fees \$
1. Account Preparation			
2. Auditing a. Public listed companies b. Non public listed companies			
3. Book Keeping			
4. Business Valuation			
5. Company Directorship/Secretarial Positions			
6. Insolvency, Receivership or Liquidations a. Public listed companies b. Non public listed companies			
7. Superannuation Fund Management/Trusteeship			
8. Taxation			
9. Other (Please State)			
Total	100%		

If YES to any of the questions below, please provide full details including name of the Insured involved and the nature of business and Insured's involvement either detailed below or on a separate sheet of paper.

2. Are any Partners, Principals, or Directors connected or associated (financially or otherwise) with any other practice or business? Yes [ ] No [ ]
3. Does the Insured or any Principal, Partner, or Director or Employee of the Insured, engage in any Mergers and Acquisitions related activities? Yes [ ] No [ ]
4. Have any claims been made against the Company for professional negligence, error or omission in the last 5 years? Yes [ ] No [ ]
5. Is the Proposer aware, after enquiry of any circumstances or incident, which may give rise to a Claim? Yes [ ] No [ ]

**SECTION 2: FURTHER DECLARATION TO THE PROPOSAL**

## AFTER INQUIRY

I declare that the statements and particulars are true and that I have not misstated or suppressed any material facts.

I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance. I acknowledge that I have read and understood the "Notice to Insured" on the first page of the Proposal. I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. I am authorised to complete the above information on behalf of the Insured named in the Proposal.

Signature Principal(s)/Partner(s)/Director(s): \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Date(dd/mm/yyyy): \_\_\_\_\_

PRIVACY: DUAL Australia are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim form only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and those we appoint to assist us with the claim. We will not trade, rent or sell your information. If you do not provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. For more information about our Privacy Policy, please refer to: [www.dualaustralia.com.au](http://www.dualaustralia.com.au)