

# about | ACCOUNTANTS

COMBINED LIABILITY INSURANCE PACKAGE PROPOSAL



**IMPORTANT INFORMATION: PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS PROPOSAL**

**Obtaining a Quotation**

To minimise delays in obtaining a quotation please provide complete answers to all questions in this proposal and attach relevant brochures, CVs, etc. that you believe will help us understand your business.

**Your Duty of Disclosure**

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

**Non-disclosure (if you do not tell us something)**

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

**Defence Costs & Averaging Provision**

General Conditions within the policy provides that if your liability for any Claim is for an amount in excess of the amount of the limit of liability, then we, under Section 2 and Section 3 of this policy shall only cover the same proportion of such defence costs as the limit of liability bears to the total amount to be paid dispose of the claim (exclusive of defence costs).

**Claims Made and Notified Policy**

The cover provided under Section 2 and Section 3 of this policy operates on a 'Claims Made and Notified' basis. This means that the policy only covers you for claims made against you and notified to us in writing during the period of insurance.

Where a 'Retroactive Date' is specified in your policy schedule, your policy only covers any claim made against you during the period of insurance that arises from any conduct, act, error or omission that occurred on or after the Retroactive Date.

Section 40(3) of the *Insurance Contracts Act 1984* (Cth) provides that where an insured gives notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as reasonably practicable after the insured became aware of those facts but before the period of expiry, the insurer is not relieved of liability under the insurance contract in respect of the claim, by reason only that it was made after the expiration of the period of insurance.

The above right arises solely under Section 40(3) of the *Insurance Contracts 1984* (Cth) and not under your insurance policy.

**Liability assumed by you under a contract or agreement**

It is not possible for you to transfer to us the entire spectrum of legal liabilities which you may be compelled to bear under the terms of a wide variety of Indemnity and/or Hold Harmless Clauses frequently inserted into commercial business contracts by principals, lessors or other parties.

Liability assumed by you under contract or agreement is only covered to the extent described in your insurance policy.

Prior to accepting legal liability for loss, destruction, damage or injury, which would not otherwise have attached to you at law, you should contact your insurance broker to enquire whether your insurance policy covers such liability or, if not, whether it may be so extended.

**Subrogation Agreements**

Where another person would be liable to compensate you for any legal liability for loss, destruction, damage or injury otherwise covered by this insurance, but you have agreed with that person either before or after the loss, destruction, damage or injury

occurred that you would not seek to recover any monies from that person, we will not cover you under this insurance for such legal liability for loss, destruction, damage or injury.

### **Privacy**

About Underwriting value the privacy of your personal information and we will ensure the handling of your personal information is dealt with in accordance with the *Privacy Act 1988* (Cth) (the Act) and the relevant Australian Privacy Principles. Our full privacy policy can be accessed at [aboutunderwriting.com.au](http://aboutunderwriting.com.au)

When we provide insurance products and/or services, we ask you for the personal information we need to assess applications for insurance policies, to administer and manage insurance policies and to investigate and handle claims. This can include a broad range of information ranging from your name, date of birth, address and contact details to other information about your personal affairs including your profession, financial affairs including financial statements, any criminal convictions or claims.

We may need to disclose personal information that you provide us to contractors, coinsureds, insurers and underwriters (who may be located overseas), lawyers, claims adjusters and others engaged by About Underwriting to enable them to administer policies or handle claims. Regardless of the information shared, we will take all reasonable steps to ensure that the above parties protect your information in the same way that we do.

Our Privacy Policy shown in the above link contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by emailing to [privacy@aboutunderwriting.com.au](mailto:privacy@aboutunderwriting.com.au)

### **Consent**

By visiting any of our websites, online quotation systems, applying for, renewing or using any of our products or services you agree to your information being collected, held, used and disclosed as set out in our Privacy Policy.

### **Complaints or Disputes**

If you wish to make a complaint about our products or services, or a Privacy breach, you can contact us at [complaints@aboutunderwriting.com.au](mailto:complaints@aboutunderwriting.com.au) or [privacy@aboutunderwriting.com.au](mailto:privacy@aboutunderwriting.com.au) Please refer to our complaints & disputes process detailed at [aboutunderwriting.com.au](http://aboutunderwriting.com.au)

If this does not resolve the matter or you are not satisfied with the way a complaint has been dealt with, you should contact:

Lloyd's Underwriters' General Representative in Australia  
Level 9, 1 O'Connell St  
Sydney NSW 2000  
Telephone Number: (02) 8298 0783  
Email: [ldraustralia@lloyds.com](mailto:ldraustralia@lloyds.com)

who will refer your dispute to the Complaints team at Lloyd's.

Complaints that cannot be resolved may be escalated to an independent dispute resolution body; Australian Financial Complaints Authority (AFCA). This external dispute resolution body has the ability to make decisions of which About Underwriting are obliged to comply.

Contact details are:

#### **Australian Financial Complaints Authority**

**Phone: 1800 931 678**

**Email: [info@afca.org.au](mailto:info@afca.org.au)**

**Internet: <http://www.afca.org.au>**

**GPO Box 3, Melbourne, VIC 3000**

## Accountants Package Proposal

This Proposal is for Professional Indemnity; specific to Accountants. Additional sections such as General and Products Liability, Management Liability, Cyber Liability and Statutory Liability are available as part of the **about** Accountants Package. Addenda can be found at the end of this Proposal.

“You/your” in this Proposal means the “Named Insured”.

### About you

1. Named insured(s):

2. Trading name(s):

3. ABN:

Are you registered for GST?

Yes  No

4. Web address(es):

5. Principal business address:

6. Other business locations:

### About the business

7. Please provide a detailed description of the Professional Services:

Please attach any relevant brochures or other documentation.

8. Business commencement date:

9. Principals, Partners or Directors details:

Name of all Principals, Partners or Directors	Age	Qualifications	Date Qualified (DD/MM/YYYY)	Years Practising	
				This Business	Previous Business(es)

10. a) Employees

Number of Staff

Principals/Partners/Directors	<input type="text"/>
Qualified Employee Accountants	<input type="text"/>
Other Professional Staff	<input type="text"/>
Administrative/Clerical	<input type="text"/>
<b>Total</b>	<input type="text"/>

b) Total Payroll

Total Payroll	<input type="text"/>
Payments to Consultants/Contractors	<input type="text"/>
Payments to Labour Hire Workers	<input type="text"/>

11. Please list your professional memberships:

12. Professional Fee income:

Past financial year:

Current financial year:

Next financial year:




13. Please provide a percentage split of the states in which you generate your fee income:

ACT: <input type="text"/>	NSW: <input type="text"/>	NT: <input type="text"/>	QLD: <input type="text"/>	SA: <input type="text"/>
TAS: <input type="text"/>	VIC: <input type="text"/>	WA: <input type="text"/>	O/S: <input type="text"/>	<b>Total:</b> <input type="text"/>

14. Please state the percentage of fee income derived from each of the following activities in the past financial year:

Activities	Percentage of fee income
Audit – Private Companies	
Audit – Public Non Listed Companies	
Audit – Listed Companies	
Audit – Not For Profit Organisations	
Audit – Self Managed Super Funds	
Audit – Financial Institutions	
Accounts Preparation and Book Keeping	
Taxation, GST and BAS	
Management Accounting	
Forensic Accounting	
Insolvency, Liquidation and Receiverships	
Superannuation Fund Management	
Company Secretarial	
Executorships and Trusteeships	
Management Consulting	
Business Valuations	
Mortgage Broking	
General Insurance Agency	
Computer Consulting	
Advice & Training on Accounting Software	
Business Broking	
Migration Services	
Corporate Advisory	
Mergers and Acquisitions	
Financial Planning, Investment Advice, Investment Securities Dealing	
Other – Please advise: <input data-bbox="383 1720 783 1771" type="text"/>	
<b>Total</b>	

15. Do you expect these percentages to change in the next financial year?

Yes

No

If Yes, please provide details:

16. Have you been licensed and registered in all states and territories in which you conduct your business since the business commencement date?  Yes  No

If No, please provide additional information:

17. Do you have an Australian Financial Services Licence?  Yes  No

If Yes, please provide your AFSL number:

18. Do you conduct business overseas?  Yes  No

If Yes, please provide details:

19. Has the name of your business ever changed or have you ever operated your business under a different corporate entity?  Yes  No

If Yes, please provide additional information:

20. Has your business amalgamated, merged or acquired any other business or practice?  Yes  No

If Yes, please provide additional information:

21. Have you been involved in any joint ventures?  Yes  No

If Yes, please provide additional information:

22. Do you provide advice on captives or offshore investments?  Yes  No

If Yes, please provide details:

23. Are any Principals/Partners/Directors connected or associated with any other practice or business (whether they hold a financial interest or otherwise)?  Yes  No

If Yes, please provide additional information:

24. Is Previous Business cover required for any previous business of any Principals, Partners or Directors?

If Yes, please provide additional information:

Yes  No

25. Do you subcontract any of your activities?

Yes  No

If Yes, please state:

(a) what percentage of your gross fee income is paid to sub-contractors?

(b) what activities are sub-contracted?

(c) do all sub-contractors carry their own Professional Indemnity insurance?

Yes  No

### Risk Management

26. Do you have a Risk Management and/or Quality Control System in place?

Yes  No

27. Do you maintain a register to ensure that client taxation deadlines are not missed?

Yes  No

28. Are verbal reports always confirmed in writing?

Yes  No

29. Do you administer client monies or investments (whether or not received or held by you)?

Yes  No

If Yes, please provide details including annual value of monies and/or investments administered:

30. Do you perform regular internal audits and review work undertaken by staff?

Yes  No

If Yes, what percentage of work is audited?

31. Has your business sustained any loss through the fraud and dishonesty of any employee?

If Yes, please provide details:

Yes  No



**Duties**

32. a) Are duties segregated so that no one person can control signing cheques, preparing cheque requisitions, reconciling bank statements or issuing fund transfer instructions above \$5,000, from commencement to completion without referral to another party (i.e. financial controller or director)?  Yes  No
- b) Are duties segregated so that no one person can control refund of monies or return of goods above \$5,000, from commencement to completion without referral to another party (i.e. financial controller or director)?  Yes  No
- c) Are all employees required to take a minimum of two weeks uninterrupted annual leave per year?  Yes  No
- d) When payments are made for invoices received are the payment details specified in the invoices (e.g. bank account details) confirmed by telephone with the payee prior to making payment?  Yes  No

33. Do you require Fidelity Cover?  Yes  No

If Yes, please select your preferred sub-limit:

- \$50,000  \$100,000  \$250,000

**About your claims**

**NB. The following claims questions relate to all matters of all policy sections, ie: Professional Indemnity, General and Products Liability, Management Liability, Cyber Liability and Statutory Liability:**

34. After full enquiry of all your employees, has any insurance claim been made against you or your business or that of any principal, partner, director or employee in this or any other business?  Yes  No

If Yes, please provide details:

Date Notified (DD/MM/YYYY)	Insurer	Description	Amount Paid	Maximum Potential Loss	Finalised or Open	Claimant Name

35. Are you aware of any circumstances or incidents which may result in a claim being made against you or your business or the business of any principal, partner, director or employee?  Yes  No

If Yes, please provide details of circumstances or incidents:

36. Have you or any of your employees ever been the subject of any disciplinary proceedings or actions for misconduct in a professional respect whilst in this or any other business?  Yes  No

If Yes, please provide details of proceedings or actions:

37. Have you, your principals, partners, directors or predecessors in business had insurance declined, cancelled, refused or had any special terms imposed?  Yes  No

If Yes, please provide details:

## About your cover

38. Do you currently have Professional Indemnity insurance in force for the activities for which cover is being proposed?  Yes  No

If Yes, please provide the following details:

Insurer	Renewal Date	Limit of Indemnity	Deductible	Premium
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

39. Please select which Limit of Indemnity is required for Professional Indemnity:

\$1,000,000  \$2,000,000  \$5,000,000  \$10,000,000  \$20,000,000 Other

40. Please select your preferred Deductible for Professional Indemnity:

\$1,000  \$2,500  \$5,000  \$10,000  \$25,000 Other

## General and Products Liability Addendum

**Only complete this section if General and Products Liability cover is required**

41. Do you require a quotation for General and Products Liability insurance?  Yes  No

If Yes, please complete the following questions:

42. What is your estimated annual turnover (if different to fee income) for the next 12 months?

43. Please select which Limit of Indemnity is required for General and Products Liability:

\$5,000,000  \$10,000,000  \$20,000,000 Other

44. Please select your preferred Deductible for General and Products Liability:

\$1,000  \$2,500  \$5,000  \$10,000  \$25,000 Other

### Contractors Exposure

45. Please provide the estimated payroll (wages) for contractors, subcontractors and/or labour hire for the upcoming period of insurance:

Contractors  Subcontractors  Labour hire

46. Please state the nature of work usually carried out by contractors, subcontractors and/or labour hire:

### Contractual Liability

47. Do you assume any liability under contract or hold harmless other parties under contract?

If Yes, please provide details:  Yes  No

48. Do you engage any in-house legal counsel and/or external legal providers to review contractual agreements?

If Yes, please provide details:  Yes  No

## Management Liability Addendum

Only complete this section if Management Liability cover is required

49. Do you require a quotation for Management Liability insurance?  Yes  No

If Yes, please complete the following questions:

50. Please select which Limit of Indemnity is required for Management Liability:

\$500,000  \$1,000,000  \$2,000,000  \$5,000,000  \$10,000,000 Other

51. At last financial year end, please state:

**Net Profit**

**Gross Total Assets**

**Gross Total Liabilities**

52. Do you require Employment Practices Liability?  Yes  No

If Yes, please select your preferred sub-limit:

\$250,000  \$500,000  \$1,000,000  \$2,000,000  \$5,000,000 Other

53. Retrenchments in the last 12 months/next 12 months:   
 Number last 12 Months:    
 Estimate next 12 Months:

54. Are all employees provided with written employee procedures (e.g. Employee Handbook)?  Yes  No

55. Do you require Statutory Liability?  Yes  No

If Yes, please select your preferred sub-limit:

\$100,000  \$250,000  \$500,000  \$1,000,000

56. Have you suffered any Occupational Health & Safety breaches in the last 5 years?  Yes  No

If Yes, please provide details:

57. Do you require Crime Cover?  Yes  No

If Yes, please select your preferred sub-limit:

\$50,000  \$100,000  \$250,000  \$500,000

58. How often is an independent physical review of stock reconciled against inventory records?

Weekly       Monthly       Annually      Other:

59. Are there any facts or circumstances that may affect the ability of the company to meet all its debts as and when they fall due?  Yes       No

If Yes, please provide details:

60. Do you require Internet Liability?  Yes       No

If Yes, please select your preferred sub-limit:

\$50,000       \$100,000       \$200,000

61. Please advise the number of websites cover is required for:

62. Please list website addresses requiring cover:

## Cyber Liability Addendum

Only complete this section if Cyber Liability cover is required

63. Do you require a quotation for Cyber Liability insurance?  Yes  No

If Yes, please complete the following questions:

64. Have there been any data breaches in the last 5 years?  Yes  No

If Yes, please provide details:

65. How much of your business is transacted online?

66. Do you store payment card details on your network?  Yes  No

67. Are you compliant with the latest payment card industry data security standard?  Yes  No

68. Please detail which of the following data types you collect:

- a) Third Party Corporate Confidential Data  Yes  No
- b) Credit and Debit Payments  Yes  No
- c) Credit History or Credit Rating  Yes  No
- d) Medical or Health Records  Yes  No

69. How many individual records are stored on your system?

70. Do you have a fully documented and tested business continuity plan in place?  Yes  No

71. Are your IT systems hosted on the company's own server or hosted by an external service provider?

72. Does your or your external service provider's IT systems comply with the following security requirements?

- a) Is anti-virus software installed on all desktops and servers?  Yes  No
- b) Are all external network gateways protected by a firewall?  Yes  No
- c) Is all critical data backed up at least weekly?  Yes  No

If No to any of the above, please provide details:

73. Please select which Limit of Indemnity is required for Cyber Liability:

- \$50,000   
  \$100,000   
  \$250,000   
  \$500,000  
 \$1,000,000   
  \$2,000,000   
  \$5,000,000   
 Other

## Statutory Liability/Legal Costs Addendum

**Only complete this section if separate Statutory Liability/Legal Costs cover is required**

74. Do you require a quotation for Statutory Liability/Legal Costs insurance?  Yes  No

If Yes, please complete the following questions:

75. Have you suffered any Occupational Health & Safety breaches in the last 5 years?  Yes  No

If Yes, please provide details:

76. Have you attained a Quality Insurance Certification to ISO 9000 series or industry-specific accreditation peculiar to workplace or environmental procedures?  Yes  No

77. Do you have a current manual for Occupational Health & Safety Procedures and Environmental Protection Procedures and are these manuals distributed to all employees?  Yes  No

If Yes, please provide details:

78. Do you have a safety management system in place, including a risk register?  Yes  No

79. Have you ever had a penalty or premium loading imposed on your Workers Compensation insurance?

If Yes, please provide details:  Yes  No

80. Please select which Limit of Indemnity is required for Statutory Liability and Legal Costs:

<b>Statutory Liability</b>	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	Other <input type="text"/>
<b>Legal Costs</b>	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	<input type="checkbox"/> \$2,000,000	<input type="checkbox"/> \$5,000,000	Other <input type="text"/>

81. Do you have Statutory Liability cover under any of your other insurances? (i.e. Management Liability, Professional Indemnity, General and Products Liability)?  Yes  No

If Yes, please provide details:

**Additional Information**

If insufficient space to complete questions, please provide at this section:

**Declaration**

I acknowledge that I have read and understood the important notices and privacy statement contained in this proposal and addenda. Where I have provided information about another individual, I declare the individual has been made aware of the facts contained in the important notices and privacy statement.

I agree that this proposal and addenda together with any other information or documents supplied shall form the basis of the contract of insurance.

I declare that I am authorised to complete this proposal and addenda on behalf of the Insured and that to the best of my knowledge the statements, particulars and information contained in this proposal and addenda and any other documents accompanying this proposal and addenda are true and correct in every detail and that no material facts have been misstated or omitted.

I undertake to inform about Underwriting of any material alteration to those facts before entering into a contract of insurance.

Date:

Name:

Position:

Signature:



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