

ACCOUNTANTS ADDENDUM

1. Please state the **percentage of the Insured's fee income** for the last 12 months and the next 12 months that was derived from the following type of work:

Type of work	% last 12 months	% next 12 months	Tick if the insured has done this type of work in the past
Accounts Preparation/Book Keeping			<input type="checkbox"/>
Audit of not for profit organisations			<input type="checkbox"/>
Audit of self-managed superannuation funds			<input type="checkbox"/>
Management Accounting			<input type="checkbox"/>
Taxation GST/BAS			<input type="checkbox"/>
Taxation for Individuals			<input type="checkbox"/>
Taxation for companies with revenue under \$2 million			<input type="checkbox"/>
Taxation for companies with revenue over \$2 million			<input type="checkbox"/>
Management Consulting			<input type="checkbox"/>
Forensic Accounting			<input type="checkbox"/>
Computer Consulting			<input type="checkbox"/>
Audit of private companies			<input type="checkbox"/>
Audit of public companies			<input type="checkbox"/>
Audit of Financial Institutions			<input type="checkbox"/>
Insolvency, receivership and liquidation			<input type="checkbox"/>
Mergers & Acquisitions			<input type="checkbox"/>
Investment advice/Investment management/Financial planning/Securities dealing			<input type="checkbox"/>
Business broking			<input type="checkbox"/>
Insurance Agency			<input type="checkbox"/>
Business Valuation			<input type="checkbox"/>
Other (please detail on a separate sheet)			<input type="checkbox"/>

2. Does the Insured have an Australian Financial Services Licence?

No Yes If yes, do you want cover under the policy for which you are now applying?

No Yes

3. Is the proposer aware of any change in activity/structure that will occur in the coming financial year?

No Yes If yes, please provide full details including nature of work undertaken and income derived:

4. Please provide the proposer's fees/income in each of the financial years derived from clients based in:

	Last Financial Year	Current Financial Year	Coming Financial Year
Financial Year Ending	___ / ___	___ / ___	___ / ___
Australia			
Elsewhere			
Total			

If fee/income are/is derived from clients based "Elsewhere" please provide details including countries involved and income derived.

DECLARATION

I declare that I am authorised to complete this Addendum on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Addendum are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Addendum is entered into.

By completing and signing this Addendum you acknowledge, accept and agree that in underwriting and issuing a policy BIA does and will rely on all disclosures, proposals, declarations and representations made by you to BIA.

___ / ___ / 20___

Date

Name of authorised individual/partner/principal/director

Signature of authorised individual/partner/principal/director

Sydney
Tel. (02) 9275 8500
sydney@berkleyinaus.com.au

Melbourne
Tel. (03) 8622 2000
melbourne@berkleyinaus.com.au

Brisbane
Tel. (07) 3220 9900
brisbane@berkleyinaus.com.au

Perth
Tel. (08) 6488 0900
perth@berkleyinaus.com.au

Adelaide
Tel. (08) 8470 9020
adelaide@berkleyinaus.com.au