



FIDELITY / CRIME ADDENDUM

(FIDELITY / CRIME COVER IS NOT AVAILABLE TO SOLE PRACTITIONERS)


1. Does the Proposed Insured have any fidelity guarantee or crime insurance in force at the present?

No Yes  If yes, give details:

2. Has any insurer ever cancelled or refused to accept or continue any fidelity guarantee or crime insurance for the Proposed Insured or in respect of any partner / director / principal or employee of the Proposed Insured?


No Yes  If yes, give details:

3. a) Has the Proposed Insured sustained any loss through fraud or dishonesty of any partner / director / principal or employee of the Proposed Insured?

No Yes  If yes, give details:

Please provide what action the Proposed Insured has undertaken to prevent any recurrence:

b) Does the Proposed Insured know of any fraud or dishonesty at any time of any partner / director / principal or Employee of the Proposed Insured?

No Yes  If yes, give details:

4. Is a complete annual audit performed by professional accountants on the Proposed Insured's accounts?

Yes No If no, please advise why not?

5. Is any person allowed to sign cheques or authorise EFT payments on their signature alone?

No Yes If yes:

Up to what amount?

In what capacity are they engaged?

6. Other than the head cashier and/or your bookkeeper, how often are the entries in the cash book checked with the vouchers and reconciled with the bank statements by a partner / director / principal or employee of the Proposed Insured?

Weekly Monthly Quarterly

7. Do you use a facsimile cheque signing machine?

No Yes If yes:

What security provisions do you employ to secure cheques?

8. Do you keep clients' money and clients' funds in properly designated clients' trust accounts completely separate from the Proposed Insured's own working accounts?

No Yes


9. Are reference checks from previous employers (or personal references if there is no previous employer) always carried out?

Yes No If no, what precautions are taken?

10. Does your vendor management system include the maintenance of a master vendor list and at least dual sign-off of any new vendors being added to the list?

Yes No If no, what precautions are taken?

11. Are employee names and salaries randomly cross-referenced to ensure there are not any ghost employees or additional payments being made?

Yes No  If no, what precautions are taken?

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.

Date

Name of authorised individual/partner/principal/director

Signature of authorised individual/partner/principal/director

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