



ARTISAN[®]
UNDERWRITING



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ACCOUNTANTS PI ADDENDUM

1. Please provide gross Fees/Turnover, including gross fees paid to sub-contractors.

Location	Previous 12 months	Last 12 months	Next 12 months
Australia	\$	\$	\$
Other (exc USA/Canada)	\$	\$	\$
USA/Canada	\$	\$	\$
Total	\$	\$	\$

2. Please provide us

(i) the 3 largest Client Contracts in the last years (including current).

Client name	Start Date	Completion Date
1.		
2.		
3.		

3. What was the proposer's largest fee earned from one client and the average fee per client in the last year?

Largest:		Average:	
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4. Please state the percentage, split by revenue, of the following activities:

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"/>

5. Does the Insured carry a Australian Financial Services Licence (or limited AFSL)? No Yes
 If yes, do you want cover under the policy for which you are now applying? No Yes

6. Does the Insured anticipate any changes to the above Activities in the next 12 months?
 No Yes If Yes, please provide details:

7. Has the Insured performed any other professional service or activity other than described in Q4 or Q6 above and for which cover may be required?
 No Yes If Yes, please provide details:

8. Is cover required for professional services or activities which have been provided by a former subsidiary?
 No Yes If Yes, please provide details:

Name subsidiary	Date ceased to be a subsidiary
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

9. Has the Insured or any of its subsidiaries undertaken any mergers or acquisitions in the last five years?

No Yes If Yes, please provide details:

10. Has the Insured or any of its subsidiaries been involved in any joint ventures in the last five years?

No Yes If Yes, please provide details:

11. Does the Insured require cover for any previous business including the previous business of any principal or director?

No Yes If Yes, please provide details:

Name of Principal or Director	Name of Previous Business	Professional Services/ Activities

Note: Previous Business is an Optional Extension and is not automatically covered

12. Does the Insured hold any license or accreditation which is required in order to provide professional services or activities for which cover is requested?

No Yes If Yes, please confirm the licence or accreditation has been in force at all relevant times?

13. Does the Insured undertake continual Professional Development?

No Yes

14. Does the Insured do background checks, references and policy checks on all employees?

No Yes If no, please provide details.

15. Does the Insured have peer review procedures and quality assurance/control procedures?

No Yes



DECLARATION

Please Note: Signing the Declaration does not bind either the proposed Insured or the Insurer to execute this or any insurance whatsoever.

Signed	
Name of Partner(s) or Director (s)	
On behalf of	
Date	/ /



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