



ARTISAN[®]
UNDERWRITING



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MORTGAGE AND FINANCE PROFESSIONALS 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 % of income (gross fees), the below activities undertaken in last 12 months

Activities	Last Financial Year	This Financial Year
1. Mortgage Broking	%	%
2. Mortgage Origination	%	%
3. Mortgage Management	%	%
4. Finance Broking	%	%
5. Leasing and Hire Purchase	%	%
6. Chattel	%	%
7. Mezzanine	%	%
8. Insurance Referrals	%	%
9. Insurance Broking	%	%
10. Arranging of Deposit Bonds	%	%
11. Other (please specify)	%	%
Total	%	%

3. Of the loans you arrange finance for, please advise the overall percentage split of loan type:

Loan Type	Percentage arranged
1. Residential	%
2. Commercial	%
3. Industrial	%
4. Industrial	%
5. Plant and Equipment	%
6. Investment Property	%
7. Developments / Construction	%
8. Refinancing	%
9. Other (please provide full details)	%
Total	100%

4. Please advise the sources of finance used:

Financiers	Percentage provided
Banks	%
Non-Bank Financial Institutions (eg. Credit Unions, Building Societies, etc)	%
Non-Bank Lenders	%
Managed Investment Schemes (eg. Solicitors Funds)	%
Private Credit Providers	%

5. What percentage of loans arranged fall within the following categories:

Loan to Value Ratios	Percentage Arranged
> 95% LVR	
90% to 95% LVR	
80% to 90% LVR	
0% to 80% LVR	

6. Please advise (if applicable) the percentage of the below type of loans;

Loan Type	% of Income	Maximum Value of Loans (\$)	% of Loan Portfolio
Low Documentation Loans			
Deposit Impaired Loans			
Credit-Impaired Loans			
Reverse Mortgages			
Second Mortgages			

7. Does the Insured have authority to approve or settle loans on behalf of lenders?

No Yes

If Yes, please provide full details including Delegated Loan Authority for each lenders that the Insured has agreements in place, including full details of segregation of duties, peer review and sign off procedures of those who sign off on the loans?

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

No Yes If yes, please provide details.

9. Has any lender revoked their agreement with the Insured (including its subsidiaries or previous companies) to provide loan applications?

No Yes If yes, please provide details.

10. Does the Insured have formal audits, peer reviews, compliance checks of all loans arranged, including where the Insured settles loans on others behalf?

No Yes If yes, please provide details.

11. Does the Insured perform or arrange any valuations?

No Yes If yes, please provide details.

12. Does the Insured have signature rights to any banking accounts of which borrowers payments are deposited?

No Yes If Yes, please provide full details:

13. If the Insured is required to witness a client's signature, do they:

a) Always ensure this is done in physical presence? No Yes

b) Check the physical ID of the person signing at the time of signing? No Yes

If No to either of the above, please provide full details:

14. If the Insured is required to provide 100-point ID check as part of the loan application process, does the Insured always sight the original documentation?

No Yes If yes, please provide details.

15. When hiring staff, does the Insured always:

a) Contact previous employers and obtain satisfactory references? No Yes

b) Obtain a police check? No Yes

c) Obtain satisfactory written references? No Yes

16. Does the Insured have written procedures or checklists for the services performed? No Yes

17. Does the insured record and keep all telephone records, record of attendance and any other correspondence between themselves and financiers, vendors, clients or any other third party (including sub-contractor) engagements. No Yes

18. Does the Insured ensure that all sub-contractors and professional consultants carry their own Professional Indemnity Insurance? 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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