

Financial Planners

Professional Indemnity Insurance

Proposal Form



IMPORTANT NOTICE

ABOUT PROBITAS PACIFIC

Probitas 1492 (Pacific) Pty Ltd (**Probitas Pacific**) ABN 82 663 993 244 AFSL 545082 has an authority from the **Insurer** to arrange, enter into, bind and administer this **policy** (including handling and settling claims) on behalf of the **Insurer** as if it were the **Insurer**. Probitas Pacific acts as an agent for the **Insurer** and not for the **Insured** (also referred to in these Important Notices as “you” and “your”).

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty to tell us of anything that you know, or could reasonably be expected to know, that 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, replace, or reinstate an insurance contract. If you have made a statement and this changes before the end of the above relevant time, you must tell us about this change before the time ends.

You do not need to tell us anything that:

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

IF YOU DO NOT TELL US SOMETHING

If you do not meet the duty, to the extent permitted by law, we may reject or not fully pay your claim. We may also, or as an alternative, cancel your insurance or if the failure to meet the duty was fraudulent, treat it as if it never existed.

CLAIMS MADE AND NOTIFIED

This insurance is issued on a ‘claims made and notified’ basis. This means that the policy covers **Claims** that are first made against you and notified to us during the **Policy Period**.

Where your **Policy** has an extended or additional reporting period, subject to the terms of the **Policy**, you may have:

- an additional period to tell us about **Claims** first made against you during the **Policy Period**; and/or
- cover for **Claims** first made against you during the extended reporting period and which you tell us about during the extended reporting period – provided the **Claim** is based on an act, error, or omission alleged to have been committed prior to the expiry of the **Policy Period**.

The **Policy** doesn’t cover facts or circumstances of which you first became aware prior to the **Policy Period**, and which you knew or ought reasonably to have known had the potential to give rise to a **Claim** against you, subject to any ‘Continuous Cover’ extension which may, subject to its terms, provide an exception to this.

If a **Retroactive Date** is applied or shown on the **Policy Schedule**, the **Policy** also doesn’t cover **Claims** arising directly or indirectly from any acts, errors, omissions, or events actually or allegedly occurring before that date.

The above is only a high-level overview. You must refer to the **Policy** for full terms and conditions that apply to you.

WRITTEN NOTIFICATION OF FACTS

By reason only of the operation of section 40(3) of the Insurance Contracts Act 1984 (and not as a term of the **Policy**), if you give us notice in writing of facts that might give rise to a **Claim** against you as soon as reasonable after you became aware of those facts but before the insurance cover provided by the **Policy** expired, we are not relieved of liability under the policy in respect of the claim, when made, by reason only that it was made after the expiration of the **Policy Period**. Any such rights arise under the legislation only and not the **Policy** terms.

GENERAL INSURANCE CODE OF PRACTICE

The Insurance Council of Australia Limited has developed the General Insurance Code of Practice (**Code**), which is a voluntary self-regulatory code. The Code aims to raise the standards of practice and service in the insurance industry. Lloyd’s has adopted

the Code on terms agreed with the Insurance Council of Australia. For further information on the Code, please visit www.codeofpractice.com.au. The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers compliance with the Code. For more information on the Code Governance Committee (CGC) go to <https://insurancecode.org.au>.

COMPLAINTS AND DISPUTE RESOLUTION PROCESS

Internal Dispute Resolution process

We view seriously any complaint made about our products or services and will deal with it promptly and fairly. If you have a complaint, please first try to resolve it by contacting the relevant member of our staff. If the matter is still not resolved, please then contact our Internal Disputes Resolution Officer using the contact details on the back cover of this document. They will seek to resolve the matter in accordance with our Dispute Resolution procedures.

If we cannot resolve your complaint to your satisfaction, we will (or you may) escalate your matter to Lloyd’s Australia who will determine whether it will be reviewed by their office or the Lloyd’s UK Complaints team:

Lloyd’s Australia Limited
Level 16, Suite 1603, 1 Macquarie Place,
Sydney, NSW 2000.
Telephone: (02) 8298 0783
Email: ldraustralia@lloyds.com

If You are not satisfied with the final decision, you may wish to contact the Australian Financial Complaints Authority (AFCA) details below.

Australian Financial Complaints Authority (AFCA)

AFCA is a free independent external disputes resolution service provided to customers to review and resolve complaints subject to them falling within its rules. You may refer a complaint to the AFCA at any time. Time limits apply. For example, AFCA may not consider a complaint referred to AFCA more than 2 years after we provide a final IDR response to the Insured, unless AFCA considers special circumstances apply. If in doubt, contact AFCA.

For details You can visit their website at www.afca.org.au or contact them:

Australian Financial Complaints Authority
PO Box 3
Melbourne, VIC, 3001
Telephone: 1800 931 678
Email: info@afca.org.au

If AFCA tells you that under its Rules it cannot assist or consider the dispute, then you can seek independent legal advice. You can also access any other external dispute resolution (including in some cases the Financial Ombudsman Service (UK)) or other options that may be available to you.

For more information on how we handle complaints request a copy of our procedures from us.

PRIVACY STATEMENT

In this Statement:

- “We”, “Our” and “Us” means Probitas 1492 (Pacific) Pty Ltd and the Lloyd’s Underwriters we act on behalf of.
- “You” and “Your” refers to anyone using Our services or providing Personal Information.

We are committed to protecting Your privacy in accordance with the requirements of the Privacy Act 1988 (Cth) (“**Privacy Act**”) and the Australian Privacy Principles (**APPs**), as amended, replaced or superseded from time-to-time.

This Statement is a summary of Our Privacy Policy and provides an overview of how We collect, hold, use and disclose Personal Information. Our Privacy Policy may change from time to time and where this occurs, the updated Privacy Policy will be posted to Our website at: <https://probitas1492.com/privacy-policy-probitas-pacific/>

Personal Information is information or an opinion about an identified individual, or an individual who is reasonably identifiable:

- whether the information or opinion is true or not;
- whether the information or opinion is recorded in a material form or not.

It includes Sensitive Information as defined in the Privacy Act which includes, amongst other things, information about an individual's racial or ethnic origin, political opinions, membership of a political organisation, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual orientation or practices, criminal record, health information about an individual, genetic information, biometric information or templates.

WHY WE COLLECT, HOLD, USE AND DISCLOSE YOUR PERSONAL INFORMATION

The primary purpose for collecting, holding, using and disclosing Your Personal Information is to enable Us to provide Our insurance services to You or where reasonably necessary for or directly related to one or more of our insurance functions and activities (including but not limited to deciding whether to issue a policy, determine the terms and conditions of the policy, compiling data to help develop and identify other products and services that may interest clients, and handling claims). Sometimes We may use Your Personal Information for Our marketing campaigns and research, in relation to new products, services or information that may be of interest to You.

If You do not provide the personal information requested and/or do not provide Us with Your consent to collecting, holding, using or disclosing Your Personal Information as set out in this Privacy Statement, We may not be able to provide our insurance services (for example, Your insurance application may not be accepted) or You may be in breach of Your duty regarding disclosure to insurers.

HOW WE OBTAIN YOUR PERSONAL INFORMATION

We collect Your Personal Information at various points including, but not limited to, when You are applying for, changing, or renewing an insurance policy with Us or when We are processing a claim or handling any complaint. Personal Information is usually obtained directly from You, but sometimes via a third party such as an insurance intermediary or your broker or Your employer (e.g. in the case of a group insurance policy). Please refer to Our Privacy Policy for further details.

When information is provided to Us via a third party We use that information on the basis that You have consented or would reasonably expect Us to collect Your Personal Information in this way. We take reasonable steps to ensure that You have been made aware of how We handle Your Personal Information.

WHEN DO WE DISCLOSE YOUR PERSONAL INFORMATION?

We may disclose the information We collect to third parties where it is reasonably necessary for, or directly related to, the services we provide to You.

This can include the policyholder (where the insured person is not the policyholder, i.e. group policies) to joint policyholders, our related companies (and persons they rely on to provide their services), our agents or contractors, insurers, their agents and others they rely on to provide their services and products (e.g. reinsurers), premium funders, other insurance intermediaries, insurance reference bureaus, loss adjusters or assessors, medical service providers, credit agencies, lawyers and accountants, prospective purchasers of our business and our alliance and other business partners. They are prohibited from using Your Personal Information except for the specific purpose for which We supply it to them and We take such steps as are reasonable to ensure that they are aware of the provisions of Our Privacy Policy in relation to Your Personal Information.

These third parties which may be located outside of Australia (such as in the UK). These entities and their locations may change from time-to-time. Please contact Us, if You would like a full list of the countries in which these third parties are located. When we send information overseas, in some cases we may not be able to take reasonable steps to ensure that overseas providers do not breach the Privacy Act and they may not be subject to the same level of

protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas. If you do not agree to the transfer of your personal information outside Australia, please contact us.

WHEN YOU GIVE US PERSONAL INFORMATION ABOUT OTHER INDIVIDUALS

In such a case We rely on You to have made or make the individual aware that You will or may provide their personal information to Us and the types of other parties and service providers We may provide it to, the relevant purposes We and the other parties and service providers will use it for, and how they can access it. If You have not done or will not do either of these things, You must tell Us before You provide the relevant Personal Information to Us.

YOUR DECISION TO PROVIDE YOUR PERSONAL INFORMATION

In dealing with Us, You agree to Us collecting, using and disclosing Your Personal Information, which will be collected, stored, used and disclosed by Us as set out in this Privacy Statement and Our Privacy Policy.

ACCESS TO AND CORRECTION OF YOUR PERSONAL INFORMATION

Please contact Us if You would like:

- a copy of Our Privacy Policy, or
- to cease to receive marketing offers from Us or persons with whom We have an association.
- to seek access to, update or correct Your Personal Information held by Us.

HOW TO MAKE A COMPLAINT

If You have a complaint or would like more information about how We manage Your Personal Information, please review Our Privacy Policy for more details, or contact Us. We will notify You as soon as possible if Your personal information is involved in a data breach that is likely to result in serious harm to You.

GOVERNING LAW AND SUMMONS NOTICE OR PROCESS

We agree that:

- if a dispute arises under the policy, the **Policy** will be subject to Australian law and practice and we will submit to the jurisdiction of any competent Court in the Commonwealth of Australia within the State or Territory in which the policy was issued;
- any summons notice or process to be served upon us may be served upon:

Lloyd's Underwriters' General Representative in Australia, Suite 1603, Level 16, 1 Macquarie Place, Sydney NSW 2000,

who has authority to accept service on our behalf;

if a suit is instituted against any of us, all Lloyd's Underwriters participating in the **Policy** will abide by the final decision of such Court or any competent Appellate Court.

OUR RIGHTS ARE SUBJECT TO APPLICABLE LAW

Where we may refuse to pay or reduce the amount we pay under a **Claim** under the **Policy**, we may only do so to the extent permitted by applicable law. Any rights we have under are subject to the operation of the Insurance Contracts Act 1984 (Cth) and any other relevant statute or legislation. You should seek appropriate advice regarding your rights.

DETAILS OF PROPOSER

1. a) Policyholder Name _____
- b) Trading Name _____
- c) ABN _____
- d) Contact Person _____
- e) If you intend to claim an Input Tax Credit for the premium paid for this policy, please specify the percentage of the premium you will be claiming: _____ %

Policyholder's main office:

Street Address _____

Suburb _____ State _____ Postcode _____

Telephone _____

Website _____ Email Address _____

LICENCE CONDITIONS

2. Please state your Australian Financial Services Licence number & attach a copy of your Licence.
AFS Licence Number: # _____

FINANCIAL ADVICE ASSOCIATION AUSTRALIA (FAAA)

3. a) Are you a member of the FAAA? Y N
- b) Are you a FAAA CFP Professional member? Y N
4. Please list any other professional association(s) of which you are a member: _____

DETAILS OF THE BUSINESS

5. How long has the Policyholder continually carried on business? _____
6. Please state the current employed staff members of the Policyholder as follows:
 - a) Principals/partners/directors _____
 - b) Employees – qualified or technical staff _____
 - c) Employees – administrative or support staff _____
 - d) Employee Authorised Representatives _____
 - e) Non-employed Authorised Representatives _____
 - f) Corporate Authorised Representatives _____

INCOME

7. Please state the gross income earned by you; including commissions, fees and other benefits received on behalf of all authorised representatives from the following business activities in your previous financial year:

PLEASE NOTE: These are the ONLY activities that will be covered under the policy. If you undertake any other activities that you want to insure, you should consult your insurance broker.

Business Activity		Gross Annual Income (last 12 mths)
Financial planning (including superannuation) advice & services		\$
Life insurance	a) As a broker; or	\$
	b) On behalf of one or more insurers	\$
Mortgage broking/origination		\$
Total gross annual income		\$

8. Total Gross Annual Income forecast for your current financial year period \$ _____
9. Total Gross Annual Income forecast for your next financial year period \$ _____

CUSTOMER PROFILE FOR INVESTMENT ADVISORY ACTIVITIES

10. a) Please provide a breakdown of the relative size of your financial planning client accounts for your previous financial year, as shown in the table below:

Size of client's portfolio	Approx. number of clients
Up to \$100,000	
\$100,001 - \$250,000	
\$250,001 - \$500,000	
\$500,001 - \$1,000,000	
\$1,000,001 - \$5,000,000	
\$5,000,001 plus	
Total	

- b) Please specify your largest client according to their portfolio size: \$ _____

INVESTMENT PRODUCT PROFILE

11. Please advise the allocation of client's investments across all licensees combined:

Investment	Client's Investment	Percentage
Australian Equities on a DIRECT Basis	\$	%
Australian Equities via Managed Funds	\$	%
Overseas Equities on a DIRECT Basis	\$	%
Overseas Equities via Managed Funds	\$	%
Fixed Interest Securities and/or cash	\$	%
Property Trusts on a DIRECT Basis	\$	%
Property Trusts via Managed Funds	\$	%
Hedge Funds	\$	%
Derivatives (other than Hedge Funds above)	\$	%
Registered Managed Investment Schemes	\$	%
Unregistered Managed Investment Schemes	\$	%
Other, please provide details:	\$	%
Total	\$	100%

12. Please list the top 10 investment products (in order) that produced the most income for you in your previous financial year period. Please also specify your fees and commissions and advise whether you rebate commissions on any of these products.

Product Name	Commission Rates %		Fees (\$)	Total Income earned (\$)	Commission Rebated			
	Up Front	Trail			<input type="checkbox"/>	Y	<input type="checkbox"/>	N
a)					<input type="checkbox"/>	Y	<input type="checkbox"/>	N
b)					<input type="checkbox"/>	Y	<input type="checkbox"/>	N
c)					<input type="checkbox"/>	Y	<input type="checkbox"/>	N
d)					<input type="checkbox"/>	Y	<input type="checkbox"/>	N
e)					<input type="checkbox"/>	Y	<input type="checkbox"/>	N
f)					<input type="checkbox"/>	Y	<input type="checkbox"/>	N
g)					<input type="checkbox"/>	Y	<input type="checkbox"/>	N
h)					<input type="checkbox"/>	Y	<input type="checkbox"/>	N
i)					<input type="checkbox"/>	Y	<input type="checkbox"/>	N
j)					<input type="checkbox"/>	Y	<input type="checkbox"/>	N

13. Are you authorised by your AFS licence to provide Managed Discretionary Account services? Y N

If 'Yes' please provide details including an example of a client mandate, approximate number of clients and funds invested.

14. a) Do you or anyone authorised by you provide financial planning advice or services in respect of superannuation funds not approved in writing by your Investment Committee? Y N

If "Yes" please provide on a separate attachment what procedures & guidelines are in place to provide such advice or services with respect to these superannuation funds. Include how you ensure that those authorised by you are providing advice & services within the **procedures and guidelines stipulated**.

- b) Have you in the past, do you currently, or do you contemplate in the future providing advice with respect to Self-Managed Superannuation Funds (SMSF)? Y N

If "Yes", please provide details on a separate attachment of how you determine (or plan to determine) the suitability of your client for a SMSF?

If you have provided advice with respect to a SMSF in the past 12 months, please also state the approximate number of clients to whom you have provided such advice?

Approx. number of clients # _____

15. Have you in the past, do you currently, or do you contemplate in the future recommending any product or service from an entity with which you are associated (financially or otherwise)? Y N

If "Yes", please provide details.

16. Do you recommend any of the following investment products?

Investment Product	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	Approx. number of clients	Funds under advice
Tax effective schemes (with or without ATO product ruling)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	#	\$
Hedge funds	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	#	\$
Unlisted securities (for which a liquid market does not exist)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	#	\$
Overseas securities (other than as part of a managed fund)	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	#	\$
Investments in single underlying asset or debt instrument	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	#	\$
Direct Property	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	#	\$
Direct share investments	<input type="checkbox"/>	Y	<input type="checkbox"/>	N	#	\$

In relation to the products above, please provide the investment rationale for each specialised investment product answering the following questions:

- I. the names and details of each of the investment products
- II. how do you determine the suitability of the investor for these products?
- III. what due diligence measures were undertaken prior to selection of these products?
- IV. what are your procedures for monitoring of the fund managers or investment providers?
- V. what are your standard reporting procedures to the investors in these products?
- VI. how are your benchmarks established in respect of these products?

Please note that cover for the above products will only be considered upon receipt and review of the above requested information.

AUTHORISED REPRESENTATIVES

17. Do you require cover for your Authorised Representatives (ARs)? Y N

Please note that each person or entity who is an AR at the time this insurance is entered into will be required to complete our AR supplementary proposal form, which will include a signed and dated claims declaration, prior to being endorsed to the proposed policy.

If "Yes", please list all past or present ARs, including employed ARs, that you require to be covered by this policy on the Schedule of ARs attaching to this proposal form and also provide the following additional information:

- a) Number of ARs as at the date of this proposal # _____
- b) Number of ARs one year previously # _____
- c) Number of ARs anticipated in one year's time # _____

OPTIONAL EXTENSION FOR MARGIN LENDING & GEARING

18. Do you require cover for margin lending or gearing (including recommendations made with respect to using home loan equity to purchase investment products)? Y N

If "Yes", then please provide the following additional information:

- a) Do you require the investor to sign a disclosure statement? Y N
- b) A copy of your margin lending / gearing compliance procedures including:
- i) An explanation of how you determine the suitability of your client for margin lending / gearing
 - ii) Any maximum gearing ratios that you impose
 - iii) Any diversification requirements that you impose
 - iv) Any cash flow analysis undertaken by you
- c) Details of your delegation controls for this product; including the minimum qualifications, experience and specific product training that will be required by your authorised staff or representatives to sign-off on margin lending / gearing recommendations.

OPTIONAL EXTENSION FOR LIFE RISK PRODUCTS

19. Do you require cover for your activities as a life insurance broker or when you act on behalf of one or more insurers? Y N

If "Yes", please provide the following additional information:

- a) Do you have an Australian Financial Services Licence which authorises you to act as a life insurance broker? Y N

If "Yes", please state your total gross written premium for the past 12 months.

\$ _____

- b) Do you act as an authorised representative of a life insurance broker or life insurance company? Y N

OPTIONAL EXTENSION FOR MORTGAGE SERVICES

20. Do you currently, or have you ever in the past conducted mortgage broking or origination activities that you would like included under the proposed policy? Y N

If "Yes", please provide the following additional information:

a) Are you a current member of Mortgage and Finance Association of Australia? Y N

b) Are you a current member of a mortgage aggregator? Y N

c) Do you source funds from any; solicitor funds, managed investment schemes or private lenders? Y N

d) Do you act under any form of delegated authority from a mortgage lending institution? Y N

If "Yes", please provide a copy of the relevant contractual agreement(s).

e) Do you always provide a documented comparison between the different interest rates and transaction costs of your available pool of products? Y N

f) When recommending the refinancing of an existing loan do you always analyse the costs as well as the advantages and disadvantages of proceeding with the refinance? Y N

g) Do you always provide written reports to clients? Y N

If "Yes", please provide a representative sample copy of a report.

h) Please advise the:

i) Largest loan size arranged by you in the previous 2 years: \$ _____

ii) Average loan size arranged by you in the previous 2 years: \$ _____

i) Do you provide advice with respect to 'Reverse Mortgages'? Y N

If "Yes", please provide details.

j) Please list below the top five mortgage lending institutions (in order) from which you derived the most income in the previous financial year:

Mortgage lending institution	Commission Rate %		Total income earned
a)			\$
b)			\$
c)			\$
d)			\$
e)			\$

GENERAL QUESTIONS

21. a) Do you currently have in-force a cyber liability insurance policy? Y N
 If "Yes", please state
- a) Insurer _____
 b) Policy Number _____
 c) Policy Period _____
 d) Limit of Liability _____
- b) After enquiry of the Partners/Principals/Directors, employees & ARs have you previously suffered any cyber claim, cyber incident, or data loss event? Y N
 If "Yes", please provide full details using a separate attachment.
- c) Do you maintain offline back-ups of your IT system? Y N
- d) Do you ensure vendor / system patches are deployed within 30 days of release? Y N
- e) Do you have a cyber incident response / data recovery plan? Y N
- f) When you receive an instruction to transfer money, credit, securities, or other funds do you always authenticate the validity of the instruction via a call back to the client on record? Y N
22. Do you have and maintain internal dispute resolution (IDR) procedures that meet the standards or requirements made or approved by ASIC? Y N
23. Are you a member of the Australian Financial Complaints Authority (AFCA). Y N
24. Do you issue any brochures or marketing material (including capability statements) describing your activities or services? Y N
 If "Yes", please attach copies.
25. To ensure you obtain a quote as quickly as possible please ensure that the following information is attached to your proposal form (tick "Yes" if attached):
- a) The most recent National Quality Assessment Programs (NQAP) audit and your most recent self-assessment Y
- b) A copy of your Complaints Register. Y
- c) A sample Financial Services Guide. Y
- d) A representative Statement of Advice / Financial Plan (not a generic template). Y
- e) A current Approved Products List (including risk and mortgage products, if relevant to your application). Y
- f) Details of your processes and procedures for determining products to be added or removed from your Approved Products List (including procedures for providing guidelines on products not approved by your Investment Committee) Y
- g) A copy and/or description of your processes and procedures for recruiting, training and monitoring authorised staff and authorised representatives. Y
- h) Any other documents requested as part of your answers to questions in any of the preceding sections. Y

CLAIMS INFORMATION

ENQUIRY SHOULD BE MADE OF ALL RELEVANT STAFF BEFORE ANSWERING THESE QUESTIONS

26. After enquiry of the Partners/Principals/Directors, employees & ARs, has there been or is there now pending a claim against the Policyholder, its subsidiaries, its predecessors in business or its current or former Partners / Principals / Directors, employees or ARs for a civil liability arising out of the performance of the Policyholder's Professional Services? Y N
If "Yes", please provide full details using a separate attachment including dates, the nature of the allegations and any amounts paid out by the you or your Insurer including damages, settlements, claimant's costs and defence cost.
27. Have you or any of your Partners/Principals/Directors, employees or ARs ever been the subject of a disciplinary inquiry, proceeding or investigation alleging professional misconduct? Y N
If "Yes", please provide full details using a separate attachment including dates, the nature of the allegations and any amounts paid for any compensation, defence costs, fines or penalties.
28. Are any of your Partners/Principals/Directors, employees or ARs aware of any facts which might give rise to a professional indemnity claim being made against you or any of your Partners/Principals/Directors, employees or ARs? Y N
If "Yes", please provide full details using a separate attachment.

DETAILS OF INSURANCE

29. As at today's date does the Policyholder have Professional Indemnity Insurance currently in force that has been paid for? Y N

If "Yes", please state

- a) Insurer _____
- b) Indemnity Limit _____
- c) Expiry Date _____ / _____ / _____
- d) Excess/Retention _____

30. Have you, or any predecessor ever had any Insurer decline a proposal, imposed any special terms, cancelled or refused to renew a Professional Indemnity Insurance Policy? Y N

If "Yes", please give details (use a separate sheet of your letter headed paper if insufficient room below).

31. What limit(s) of liability do you require quotations for?

- \$2 million \$2.5 million \$3 million
- \$4 million \$5 million
- Other: _____

32. What limit(s) of self-insured retention are you prepared to carry?

- \$15,000 \$25,000 \$50,000
- \$100,000 Other: _____

STAMP DUTY SPLIT

33. For the purpose of calculating Stamp Duty please state the number of current staff (including directors/partners, full/part time and casual employees) located in each state:

NSW	VIC	QLD	SA	WA	TAS	ACT	NT	Overseas

DECLARATION

PLEASE NOTE: SIGNING THE DECLARATION DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE.

I declare that I have made all necessary inquiries into the accuracy of the responses given in this proposal and confirm that the statements and particulars given in this proposal are true and complete and that no material facts have been omitted, misstated, or suppressed. I agree that should any of the information given by me alter between the date of this proposal and the inception date of the insurance to which this proposal relates, I will give immediate notice thereof to the insurer.

I acknowledge receipt of the Important Notice and Privacy Consent and Disclosure information contained in this proposal and that I have read and understood the content of them.

I confirm that I am authorised by the proposing Policyholder (and its partners/principals/directors if applicable) to complete this proposal form and to accept the quotation terms for this insurance on behalf of the Policyholder (and its partners/principals/directors if applicable).

Name: _____

Title: _____

Signature: _____

Date: _____

Probitas Syndicate 1492

Sydney Office
Level 13
333 George Street
Sydney Australia 2000

T: 1300 001 492
E: australia@probitas1492.com

London – Head Office
88 Leadenhall Street
London EC3A 3BP

T: 020 3972 5810
E: hello@probitas1492.com

Lloyd's Box
Box 230 & 230A, Gallery 2

T: +44 (0) 20 7327 3735

To make a claim
E: australiaclaims@probitas1492.com
P: 1300 011 492

www.probitas1492.com

