GPO Box 1230, Melbourne VIC 3001
Level 51, 80 Collins Street
MELBOURNE VIC, 3000
DX 139, Melbourne
Telephone 61 (3) 9211 3000
Facsimile 61 (3) 9211 3851

Professional Indemnity & Public Liability Declaration

Insured: **Member of the Society of Editors (Vic)**

I/We accept the indicative quotation and confirm that, after enquiry of all personnel, I/we are not aware of any claims being made against the Insured for breach of professional duty, nor do I/we know of any potential circumstances and/or incidents which may give rise to a claim against the Insured and furthermore the information contained below is correct.

a) Please confirm your last financial year's gross Fees: $_____

b) Please attach your Society of Editors (Vic) Membership receipt when returning this declaration

c) I/we confirm our services for which we are insured are limited to the following; Editing Services, which includes: editing, proofreading, copyrighting, technical writing, as well as consulting and training (in regards to the noted services only)

d) I/we confirm that I/we hold current membership with the Society of Editors (Vic). If membership is not maintained, I/we will notify Aon of this.

e) I/we authorise Aon Risk Services Australia Ltd to release personal information relating to this insurance, including claims information to the Society of Editors (Vic)

f) I/we confirm our split of work between states for the purposes of calculation of Stamp Duty as follows;

VIC	NSW	QLD	SA	WA	TAS	NT	ACT	O/S	Total
%	%	%	%	%	%	%	%	%	100%

I/We would like to proceed with the Public Liability Insurance offered in the indicative quotation for an additional premium of $324.50 ❒

AND I/We confirm that I/we are not aware of any claims being made against the Insured for personal injury or property damage

Insured (Company / Individual Name) _____

Insured (Principal): _____

Signed: _____ Dated: _____

PLEASE FAX BACK TO: 03 9211 3851
Attention: Michael Parrant