

AXA Australia Authorised Representatives.

Proposal form

2011/2012

Professional indemnity insurance

Please complete and return this proposal form to Aon Risk Services Australia Ltd,
GPO Box 1230 Melbourne VIC 3001.

If you are faxing your proposal form, please do not send the original. Fax 03 9211 3827 Phone 1800 805 191

1. Details of insured

Names of all AXA Authorised Representatives to be covered (*referred to in the proposal as you and your*).
If more than 6 AXA ARs, please supply details on your company letterhead.

AXA AR 1

First name Family name

AXA AR 2

First name Family name

AXA AR 3

First name Family name

AXA AR 4

First name Family name

AXA AR 5

First name Family name

AXA AR 6

First name Family name

2. AXA Agency No.

Total Number of ARs

3. Please indicate whether you are an Authorised Representative of:

AXA / Charter Other (Please state)

4. Name of your Practice/Company and/or trading name to be covered by this policy including any previous practice/company and/or trading names.

5. Company ABN

6. Name of company contact person

Mr Mrs Ms Miss

First name Family name



7. Postal address

Company Name

Suburb State Postcode

Phone Fax

Email

Web address

8. Total gross income (including GST)

\$

Please state the total gross practice income for the past twelve months. (If operating less than twelve months, please advise estimated gross income.) Gross income should include commissions, disbursements, bonuses, and other fees, for all AXA ARs named on this application form, including the total gross income paid to ARs acting for or on your behalf and for whom cover is required.

9. Claims/circumstances

- (a) Have any claims ever been made against any practice, principal or other accredited AR to be covered by this policy in the last 5 years? Yes No
- (b) Are you aware, after enquiry, of any circumstances which may result in any claims against any practice, principal or other accredited AR to be covered by this policy? Yes No
- (c) Has any insurer ever declined, cancelled or imposed special conditions in relation to liability insurance? Yes No

(If you have answered Yes to any of questions 9. (a), (b) and/or (c) please provide details on the attached Claims Addendum).

10. Please state the date cover is to commence

/ / 20

11. Payment Options (Please indicate intended payment option)

- Premium funding: (monthly instalments). Note, the minimum amount which can be funded is \$1,000
- Cheque, BPay, Credit card: Details will be provided on the back of our tax invoice which will follow.

DECLARATION AND AGREEMENT

1. I/We acknowledge that I/We have read the Notice to the proposed insured included with this form, and I/We understand those notices. I/We acknowledge that if the proposal is accepted, the insurance cover will be subject to the terms and conditions as set out in the policy wording.
2. I/We declare that the information contained in this proposal form is true and correct and that I/We have not suppressed nor mis-stated any facts.
3. I/We authorise CGU Professional Risks Insurance, a division of CGU Insurance Limited (a member of the IAG Group of Companies), to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I/We have provided information about another individual (for example, an employee or client), I/We declare that the individual has been or will be made aware of the fact and the contents of the section in the policy on "The way we handle your personal information".
4. I/We authorise Aon Risk Services Australia Limited to release personal information including claims information relating to this insurance as disclosed on this application form to AXA Australia for the purposes of effecting this insurance.

Signature of Principal on behalf of the Practice and all other Authorised Representatives

Date signed

Note: This proposal form can only be actioned once ALL questions have been answered and the above declaration has been signed and dated. Acceptance is also subject to underwriting guidelines.

OFFICE USE ONLY

Inception date

Total paid \$

Date stamp



Claims addendum

If you have answered Yes to any of questions 9. (a), (b) and/or (c) of this proposal form, please provide the following details in respect of each matter.

If more than one matter, copy this form as required before proceeding further.

If there is insufficient space to answer questions, please continue on your headed notepaper and attach it to this addendum.

Year of notification:

Name of insurer (if any):

Name of claimant:

Nature of problem:

Amount paid or estimated \$

Potential total liability \$

Is matter finalised or outstanding?

If possible, please provide a claims report from the insurer that is handling this claim.

Declaration

I/We confirm that the information provided above is true and correct.

Name of Practice

Signature of Partner/Principal/Director

Date signed