



## INDEMNITY SOLUTIONS PTY LTD / SMSF ASSOCIATION PROFESSIONAL INDEMNITY SCHEME PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

### IMPORTANT NOTICES:

Please read the following advice before completion of this Proposal Form

- The persons whose interests are to be insured under this policy should understand the terms, definitions and cover provided by this policy by reference to our Policy Wording. It is available from Your Insurance Adviser or our Website.

### CLAIMS MADE POLICY

This Proposal is for a Claims Made Policy. This means that the policy only responds to:

- Claims first made against you and notified to the Insurer during the policy period arising from events after any retroactive date on the policy, and
- Events of which you first become aware during the policy period that could give rise to a future claim provided that you notify the Insurer during the policy period of the circumstances of such events and they arose after any retroactive date on the policy.

When the policy expires, no claims can be made on the policy even though the event giving rise to the claim may have occurred during the policy period.

It is therefore advisable to renew the policy each year on a Claims Made basis with retroactive cover for past activities.

### YOUR DUTY OF DISCLOSURE.

When we provide Insurance terms for you, whether for a new policy, renewal of a policy or changes to or reinstatement of your policy, we rely on the information you provide to us. You must tell us anything that you know, or should know, that could affect

- Our decision to insure you,
- The amount of the premium we charge you or
- Whether we should impose special conditions to this cover.

You do not need to tell us about anything which:

- Reduces the likelihood of a claim
- Is of common knowledge
- We know, or as an Insurer should know
- We indicate that we do not want to know

**What you must tell us.** When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

**Who needs to tell us.** It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

**If you do not tell us.** If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed

### PRIVACY STATEMENT

We are committed to protecting your privacy. We only use the personal information you provide to us to quote on and insure your risks. We only provide personal information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy. We will not trade, rent or sell your information.

If you do not provide us with complete information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy or visit our website.

### CHANGE OF RISK OR CIRCUMSTANCES

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the Proposal, such as changes in location, acquisitions and new overseas activities.

PLEASE NOTE THAT YOUR DUTY OF DISCLOSURE ALSO APPLIES WHEN YOU AMEND, ALTER OR ENDORSE A POLICY

### SUBROGATION

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the Policy, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage

### UTMOST GOOD FAITH

Every Insurance contract is subject to the doctrine of utmost good faith, which requires that parties to the contract should act toward each other honestly & fairly, avoiding any attempt to deceive in assuming and performing contractual obligations. Failure to do so on the part of the Insured may permit the Insurer to refuse to pay a claim or cancel the policy or both.

### AVERAGE PROVISION

One of the Provisions of the Insurance states that where the amount required to dispose of a claim exceeds the sum insured under the Policy the Insurer shall only be liable for that part of the total costs and expenses expended in the investigation, defence, avoidance or reduction of any claim as the total sum insured bears to the amount to dispose of the claim.

### NOT A RENEWABLE CONTRACT

Most Professional Indemnity Insurances are not renewable contracts so the Policy will terminate on the expiry date indicated. If you therefore require a subsequent Policy, you will need to complete and submit a new proposal form for assessment prior to the termination of the current policy.

**Please note if there is insufficient space** provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will form part of your application for insurance and be subject to the Declaration on the last page of this Proposal.

**Please answer all questions.** Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your request for this insurance. **Ensure the cover you request is adequate for your requirements.**

SMSF Association Professional Indemnity at Indemnity Solutions can assist you to complete this form.

Ring us on **1800 726 047** to talk to your Account Executive.

Email: [admin@indemnitysols.com.au](mailto:admin@indemnitysols.com.au) Fax: 1300 886 857



Indemnity  
Solutions

Indemnity Solutions Pty Ltd is a Corporate Authorised Representative of Insurance Advisernet Australia Pty Ltd. Authorised Representative number: 285812



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AUSTRALIA PTY LIMITED  
AUSTRALIAN FINANCIAL SERVICES LICENCE NUMBER: 24054P  
AFSA 07/2014-140  
ANZ **assure**brokers MEMBER  
[www.insuranceadvisernet.com.au](http://www.insuranceadvisernet.com.au)



**PROFESSIONAL INDEMNITY INSURANCE - PROPOSAL FORM  
FOR SMSF ASSOCIATION  
FINANCIAL PLANNERS**

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**YOUR DETAILS**

**1. SMSF ASSOCIATION MEMBERSHIP NUMBER:**

**Name** – Full legal name of each entity to be insured.

Please include all trading names and unincorporated business names.      Date of Commencement

Name	Date of Commencement

(b) Are you registered for GST purposes?

Yes or       No

If "yes" what is your ABN? (must be 11 digits)

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**2. Address**

City:	State	Postcode:
Email:		
Fax:		

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**3. Prior Corporate Entity**

Has the name of the person, firm or company detailed in question 1 been changed, or has any other business been purchased or has any acquisition, merger or consolidation of your business with any other business taken place?

Yes or       No

If "yes, please detail in chronological order


#### 4. Particulars of all Principals

Name of Directors/Principals	Qualifications	Date Qualified	Previous Practices firms as a principal

#### 5. Please supply total number of:

Principals / Directors:	
Other professional qualified staff:	
Authorised representatives for whom cover is required:	
Authorised representatives for whom cover is NOT required	
Non qualified staff (e.g. receptionists):	
Total all Principals / Directors / Authorised Representatives /staff:	

#### 6. Nature of your Business

Please provide detail of the precise nature of your business.  
Please provide copies of any brochures which may assist the insurer to better understand your business.


#### 7. (a) Please detail the approximate percentage of your income in the following areas:

Activity	Percentage
Aggressive tax planning and/or mass marketed "tax minimisation" schemes	%
Dealing in listed Securities	%
Dealing in unlisted Securities	%
Dealing in foreign Securities	%
Investment in Australian Unit Trusts	%
(i) Cash Management Trusts	%
(ii) Equity Trusts	%
(iii) Property Trusts – listed or unlisted	%
Investment in Foreign Unit Trusts	%
Investment in Government Bonds	%
Investment in Insurance Bonds	%
Investments in other bonds	%
Dealing in Commodities (Futures or Physicals)	%
Institutional fund management	%
Corporate finance	%
Life insurance broking	%
General insurance broking	%
SMSF Establishment & Administration	%
SMSF Audit	%
Client Portfolio Administration & Reporting	%
Paraplanning / Strategy & Plan Preparation	%
Accountants Scaled Advice	%
Finance broking – commercial leasing / HP	%
Mortgage broking / origination	%
Margin lending or gearing	%
Other	%

**Total must equal 100% %**

**7. (b) Breakdown of fee income**

Please provide a reconciliation of your staff numbers and income for the last financial period, as follows:

<b>Entity</b>	<b>Association Membership Level</b>	<b>Number of People</b>	<b>% of Income</b>
Financial Planner Principal Members	Certified		
	Associate		
	Affiliate		
Proper Authority Holders	Certified		
	Associate		
	Affiliate		
Total			

**7. (c) Please click "Yes" or "No" as applicable:**

<b>Question</b>	Please tick Yes or "No"	
i. Are you a Member of an Australian Financial Planning Representative Body?	↑ Yes	↑ No
ii. Has any director or officer or Financial Planner ever been bankrupt, deregistered by the FPA or disqualified from being a company director? If "Yes", please provide details.	↑ Yes	↑ No
iii. Is more than 50% of your client base derived from a single Company, or group of clients? If "Yes" please provide details.	↑ Yes	↑ No
iv. Are you a registered life or general insurance broker? If "Yes" please provide a list of insurance products that are brokered.	↑ Yes	↑ No
v. Do you deal in overseas securities or investments, not subject to Australian regulations? If "Yes" please provide details.	↑ Yes	↑ No
vi. Do you deal with customers that reside overseas or have their principal offices overseas? If "Yes" please provide details.	↑ Yes	↑ No
vii. Is advice given in relation to mergers and/or acquisitions? If "Yes" please provide details.	↑ Yes	↑ No
viii. Are private portfolio management services provided on a discretionary basis? If "Yes" please provide details and a copy of the contract used.	↑ Yes	↑ No

**7 (d) Please provide the following Client Profile details**

<b>Account bands (based on amount invested or managed on behalf of clients)</b>	<b>Number of Client Accounts</b>	<b>Total Amount Invested or Managed</b>	<b>Total Fee or Commission Income</b>
Up to \$100K			
More than \$100K, Up to \$500K			
More than \$500K, Up to \$1Mil			
More than \$1Mil			
Total			

If you are unable to provide the above client profile, please provide any other details of your client base that will assist us to understand your business.

**8. Claims and Circumstances**

Please answer the following questions after enquiry within your organisation.

(a) Has any claim been made, or has negligence been alleged, against you or any of the present or former Principals, or have any circumstances been notified to insurers which may result in a claim being made?

Yes or  No

If "yes", please provide details:


(b) Are there any circumstances not already notified to insurers which may give rise to a claim against you or any prior corporate practice or any of the present or former Principals?

Yes or  No

If "yes", please provide details:


(c) Are there any claims against previous practices which have been identified in Question 3 of this Proposal, which may give rise to a claim against either a Principal or you?

Yes or  No

If "yes", please provide details:


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**9. Overseas work (Outside Australia / NZ)**

Have you performed work, or do you intend to, perform work overseas?

Yes or  No

If "yes", please provide details:


**10. Miscellaneous**

Please give a brief description of the project, contract value, type of structure and fees derived from your five largest contracts undertaken in the last 5 years.

Brief description	Location	Consulting role (ie life broking, Investment advice).	Amount invested / life insured	Total fees earned / estimate
1.				
2.				
3.				
4.				
5.				

**11. Are you or have you or any parent, subsidiary or other related entity either:**

- (i) engaged in, or,
- (ii) have or had a controlling share of any entity engaged in:-

(a) actual construction, fabrication, erection or any form or works contracting?	Yes	No
(b) real estate development?	Yes	No
(c) the manufacture, sale or distribution of any product or process or patented production process?	Yes	No

**If "Yes" to any of these questions, please detail below**

(i) names of the other entities involved, outlining their relationship to you.

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(ii) full details, including a description of the nature of the involvement in the relevant activity.

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**12. Does the firm detailed in answer to Question 1:**

- (a) own, control or have a professional or commercial association with any other firm, corporation or company: or
- (b) own or control any other entity?

Yes or  No

If "yes", please provide details.


**13. Financial Details:**

Please provide the amount of gross income / professional fees for the following:-

	Australia	Overseas
Actual income last 12 months:	\$	\$
Estimate for next 12 months:	\$	\$

**14. Please provide the approximate percentage of your activities (based on fee income) applicable to each State, Territory and Overseas.**

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

Must total 100%

**15. Details of existing cover**

Does the Practice presently carry or has the Practice ever carried, Professional Indemnity Insurance?

 Yes or  No

If "yes", please provide details.

Insurer:	
Expiry date:	(dd/mm/yy)
Limit of indemnity:	\$
Excess:	\$

**16. Have you ever had a liability insurer:**

a) Decline a proposal?	Yes	No
b) Impose special terms?	Yes	No
c) Decline to renew your insurance?	Yes	No
d) Cancel your insurance?	Yes	No

**17. What limit of indemnity do you want? Please indicate:**

Limit of indemnity required	Please mark one or more limits
\$1,000,000	
\$2,000,000	
\$3,000,000	
\$4,000,000	
\$5,000,000	
Other please specify	\$

**18. What is your preferred excess? (NB Your policy will be subject to minimum excess):**

Excess requested	Please tick one or more options
\$5,000	
\$10,000	
\$25,000	
Other please specify	\$

**DECLARATION**

I/We hereby declare that:

My/Our attention has been drawn to the Important Notice accompanying this Proposal form and further I/we have read these notices carefully and acknowledge my/our understanding of their content by my/our signature/s below.

The above statements are true, and I/we have not suppressed or mis-stated any facts and should any information given by me/us alter between the date of this proposal form and the inception date of the insurance to which this Proposal relates I/we shall give underwriters immediate notice thereof.

I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form and

I/we complete this Proposal form on their behalf.

I/We hereby agree that this Declaration shall be the basis of the contract between me/us and Insurers.

Signature:

Date: