

Fee Insure™

Application Form

Applicant's name: _____

Mailing address: _____

State: _____ Postcode: _____ Phone: _____ Fax: _____

Email address: _____

Financial year: If not 1st July to 30th June, please indicate period: ____/____ to ____/____

Accountant firm's name: _____ Suburb: _____

Please select the relevant Pack (i.e., Individual, Self Employed or Business and, where an individual associated with a Business entity also requires cover, then select both Business and Individual Packs); determine how many financial years you want to initially be insured for (i.e., Table 1, 2 or 3), and then calculate the premium making certain that you total the Base Premiums and then add GST, Stamp Duty and the Policy Administration Fee as indicated below.

Individual Pack

Covers **(A)** \$5,000 or **(B)** \$10,000 audit fees per annum for the nominated individual, their spouse or partner and any passive trust or superfund.

	Circle Option	Base Premium
Nominated Individual 1: _____	A B	\$ _____
Nominated Individual 2: _____	A B	\$ _____

Self Employed Pack (This Pack means no employees. If employees, select the Business Pack)

Covers **(A)** \$10,000 or **(B)** \$15,000 audit fees per annum for the self employed person, their trading entity, their spouse or partner and any trust or superfund.

	Circle Option	Base Premium
Trading Name: _____	A B	\$ _____

Business Pack

Covers **(A)** \$15,000 or **(B)** \$25,000 or **(C)** \$50,000 audit fees per annum for all operating entities under common majority ownership including any trusts or superfunds.

	Circle Option	Base Premium
Entity name 1: _____	A B C	\$ _____
Entity name 2: _____	A B C	\$ _____
Entity name 3: _____	A B C	\$ _____

Important Notices
 Acceptance date of this cover will commence from the date this Application Form is received by your insurance broker.
 For assistance, please phone your insurance broker.

Sub Total \$ _____

+10% GST \$ _____

Sub Total \$ _____

+ Stamp Duty \$ _____

+ Admin Fee (Includes 10% GST) \$ 82.50

Total Premium Payable \$ _____

By signing this Application Form, I am acknowledging that none of the director(s), business owner(s), staff or our accountant are aware or have been notified of any circumstance(s) that could lead to a claim under this insurance.

Other Important Notices

Please note that the Policy does not give cover for audits or investigations known about, or which should have been known about, prior to the commencement of the insurance.

The Insurers

The Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 85 Harrington Street Sydney NSW 2000.

In arranging and effecting this Policy, Australian European Insurance (Brokers) Pty Ltd ABN 17 407 103 455 and their Authorised Representative InsureAust Pty Ltd ABN 66 099 453 568 will be acting under authorities given to them by the Insurer. They will be acting as agents of the Insurer, not as Your agent.

Privacy

New privacy legislation took effect on 21 December 2001. The legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. QBE Insurance (Australia) Pty Ltd has developed a privacy policy which explains what sort of personal information we hold about you and what we do with that information. Please contact your insurance intermediary to obtain a copy of the QBE Insurance (Australia) Pty Ltd "Our Privacy Promise" information brochure. A copy of the brochure may also be obtained from any QBE Insurance (Australia) Pty Ltd office or from www.qbe.com.au.

If You have any queries regarding this policy, please visit www.feeinsure.com or feel free to call (02) 8437 1633 and We will be happy to answer any questions You may have.

Please address any written correspondence to:

InsureAust Pty Ltd
Locked Bag 2323
St Leonards NSW 1590

Duty of Disclosure

Your Duty

Before entering into this Policy, You have a duty, under the Insurance Contracts Act, to disclose to Us every matter that You know, or could reasonably be expected to know, to be a matter relevant to Our decision whether to insure You and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate this Policy.

You are not required to tell Us about a matter:

- a) that diminishes the risk to be undertaken by Us;
- b) that is of common knowledge;
- c) that We know or should know in the ordinary course of Our business; or
- d) if We have waived the requirement for You to tell Us.

Non-disclosure

If You do not comply with this duty of disclosure, We may reduce or refuse to pay a claim, or We may cancel the Policy.

If You fraudulently fail to comply with Your duty of disclosure, We may refuse to pay a claim and treat the Policy as never having been in existence.

Signature: _____ Date: ____/____/____