

## NOTICE TO THE APPLICANT FOR INSURANCE

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### Your duty of disclosure

Before you enter into a contact of general insurance with any insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that is known to you, being a matter which –

- you know to be a matter relevant to the decision of the insurer whether to accept the risk and, if so, on what terms; or
- a reasonable person in the circumstances could be expected to know to be a matter so relevant.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurers;
- that is common knowledge;
- that the insurers know or, in the ordinary course of business as insurers, ought to know; or
- as to which compliance with your duty is waived by the insurers.

### Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (for example, claims, whether founded or unfounded) or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything that might conceivably influence the insurer's consideration of your proposal.

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### Claims Made Insurance: Top-Up PI

Top-Up Professional Indemnity insurance is written on a "claims made" basis. This means that the insurer indemnifies you for claims that are made against you during the period of insurance. The policy does **not** provide indemnity in relation to:

- Claims made, threatened or intimated against you prior to the commencement of the period of insurance;
- Claims first made against you after expiry of the period of insurance even though the facts or circumstance giving rise to the claim may have occurred during the period of insurance (unless you notify us of a circumstance in accordance with either the policy or section 40(3) of the *Insurance Contracts Act*);
- Claims arising from facts or circumstance which you have, or should have or ought reasonably have, notified under any current or previous insurance policy;
- Claims arising from facts or circumstances notified on this Application Form for the period of insurance about to expire or on any previous proposal form;
- Claims arising from facts or circumstances of which you first became aware prior to the commencement of the period of insurance and which you knew, or should have or ought reasonably to have known, have the potential to give rise to a claim under this Policy.

However the effect of section 40(3) of the *Insurance Contracts Act 1984* is such that where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practical after you become aware of those facts, but before the expiry of the period of insurance, the policy will (subject to its terms and conditions) cover you notwithstanding that a claim is only made after the expiry of the period of insurance.

### Claims Made & Notified Insurance – D & O, etc

PrivatePractice Edge (D&O Liability, Employment Practices Liability, etc) insurance is written on a "claims made and notified" basis. This means that the insurer indemnifies you for Claims (as defined) that are made against you during the period of insurance and notified to the Insurer during the period of insurance. The policy does **not** provide cover for any claims made against you during the period of insurance if at any time prior to commencement to the period of insurance you became aware of facts which might give rise to those Claims being made against you.

Section 40(3) of the *Insurance Contracts Act 1984* provides that where you gave notice in writing to the insurer of any facts that might give rise to a Claim against you as soon as reasonably practical after you become aware of those facts, but before the expiry of the period of insurance, the insurer cannot refuse to pay a Claim which arises out of those facts, when made, because it was made after the period of insurance had expired.

The policy does not cover Claims arising out of, based upon or attributable to any:

- Actual or alleged fact or circumstance, that prior to the Continuity Date, may reasonably have been expected by an Insured to give rise to a claim; or
- As of the policy inception, prior or pending Claim or circumstance reported under any policy of which this policy is a renewal or replacement, or the same, continuous, repeated or related facts as those alleged in such prior or pending Claim or such circumstance.

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### Privacy

New privacy legislation took effect on 21<sup>st</sup> December 2001. The legislation regulates the way private sector organizations can collect, use, keep, secure and disclose personal information. We have developed a privacy policy that explains what sort of personal information we hold about you and what we do with that information. Please refer to our website for a copy of our Privacy Statement.

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### Gross Fee Income

Whenever used in this Application Form, the term **Gross Fee Income** means:

- All fees received or receivable by the Firm which have been earned from the provision of legal services; and
- Internal costs and disbursements charges to clients

**Gross Fee Income** excludes:

- Payments received by the Firm for third party disbursements or fees rendered by independent contractors to the firm
- Any GST or other taxes that the Firm collects.

## General Information – Applicable To All Sections

**APPLICATION INSTRUCTIONS:**

- a. Whenever used in this Application, the term "**Applicant**" shall mean the Firm and any Prior Practice of the Firm and any Service / Administration companies associated with the Firm.
- b. Whenever used in this Application, the term "**Lawyer**" shall mean partner / officer / shareholder, special counsel, associate or employed lawyer.
- c. Include all requested underwriting information and attachments. Provide a complete response to all questions and attach additional pages if necessary.
- d. Depending on the nature of the **Applicant's** law practice, the insurers may request further information or a Supplementary Questionnaire to be completed.

1. **Name of Applicant Firm:** \_\_\_\_\_

**ABN:** \_\_\_\_\_

- Sole Practitioner    
  Partnership    
  Limited Liability Company    
  Limited Liability Partnership    
  Other

2. **Names of any Service / Administration companies associated with the Firm**

Company	ABN
▪	
▪	
▪	
▪	
▪	
▪	
Attach details of any additional firms on separate paper on your Firm's letterhead.	

3. **Year Firm Established:** \_\_\_\_\_

4. **Address of Applicant's Principal Office:**  
 \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Web Address: \_\_\_\_\_

5. **Name of Primary Contact:** \_\_\_\_\_

Title of Primary Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

6. **Number of Offices:**

NSW	VIC	QLD	SA	WA	ACT	TAS	NT	Overseas

7. **Number of Staff by State:**

NSW	VIC	QLD	SA	WA	ACT	TAS	NT	Overseas

8. Number of **Staff by Category:**

Partners / Principals / Directors	Employed Lawyers / Senior Counsel / Consultants	All Other Staff	Total

9. Gross Fee Income (excluding GST)

2006/07 (Actual)	2007/08 (Estimate)	2008/2009(Estimate)
\$	\$	\$

10. Breakdown of Gross Fee Income **by State / Location** (based on 2008//2009 Estimate)

NSW	VIC	QLD	SA	WA	ACT	TAS	NT	Overseas
%	%	%	%	%	%	%	%	%

11. USA / Canada:

Does the Firm have any past, present or prospective employees in the USA or Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your Firm have any assets in the USA or Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your Firm represented in any way in the USA or Canada or any territories or protectorates of either country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, what is the percentage of your Gross Fee Income to be earned from the USA or Canada or any territories or protectorates of either country?	_____ %
If Yes, what is the number of principals resident in the USA or Canada or any territories or protectorates of either country?	_____

12. Financial Services

Do any of your activities require you to have an Australian Financial Services License?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details including AFS Licence number: _____ _____ _____	
What fee income do you generate from these activities?	\$ _____

13. Period of Insurance

Top-Up Professional Indemnity	Start:		End:	
Property & Liability	Start:		End:	
Management Liability (D&O, Employment Practices, Fraud, etc...)	Start:		End:	
Corporate Travel	Start:		End:	
Workers' Compensation	Start:		End:	

14. Premium Funding

Do you want us to provide terms to you that incorporate a Premium Funding option with premiums spread over ten (10) monthly payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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## Section 1: Top - Up Professional Indemnity

**DO YOU WANT A QUOTE FOR TOP-UP PROFESSIONAL INDEMNITY?** Yes  No  If "Yes" complete the questions below  
**OR forward to us an Application Form you have already completed for another broker or insurer.**

### 1. State or Territory where Compulsory Professional Indemnity Insurance (CPPI) is arranged?

<input type="checkbox"/> NSW	<input type="checkbox"/> VIC	<input type="checkbox"/> QLD	<input type="checkbox"/> SA	<input type="checkbox"/> WA	<input type="checkbox"/> ACT	<input type="checkbox"/> TAS	<input type="checkbox"/> NT
Premium (excl. GST and Stamp Duty) 2005/06		\$ _____			Deductible 2005/06		\$ _____

### 2. Limit of Indemnity sought in excess of your compulsory cover of \$1.5Mn any one claim (please tick box):

<input type="checkbox"/> \$0.5Mn	<input type="checkbox"/> \$1.5Mn	<input type="checkbox"/> \$3.5Mn	<input type="checkbox"/> \$8.5Mn	<input type="checkbox"/> \$18.5Mn	<input type="checkbox"/> \$28.5Mn	<input type="checkbox"/> \$38.5Mn	<input type="checkbox"/> \$48.5Mn	<input type="checkbox"/> Other

### 3. Breakdown of Gross Fee Income by area of expertise (based on 2005/06 Estimate):

ADVOCACY	%	IMMIGRATION LAW	%
COMMERCIAL LAW – Excl. Mergers & Acquisitions	%	MEDIATION	%
COMMERCIAL LAW – MERGERS & ACQUISITIONS	%	PERSONAL INJURY	%
COMMERCIAL LITIGATION – PLAINTIFF	%	TAXATION LAW	%
COMMERCIAL LITIGATION - DEFENDANT	%	WILLS & ESTATES	%
PROPERTY - COMMERCIAL	%	CRIMINAL LAW	%
PROPERTY - RESIDENTIAL	%	INTELLECTUAL PROPERTY - Excl. Patent Infringement	%
EMPLOYMENT & INDUSTRIAL LAW	%	INTELLECTUAL PROPERTY - PATENT INFRINGEMENT	%
FAMILY LAW	%	OTHER	%
LOCAL GOVERNMENT AND PLANNING LAW	%	<b>TOTAL</b>	%

### 4. Large Transactions

Have you provided legal advice involving transactions valued at <b>over \$100 million</b> in the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", please indicate the <b>NUMBER</b> of transactions by type:				
	Property Related		Mergers & Acquisitions		Other

### 5. Risk Management

5.1. Do you complete a detailed conflict of interest check before accepting a new client or appointment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.2. Do you have written guidelines on the acceptance of new clients and the scope of advice you will provide to them?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.3. Is the acceptance of new clients authorised by a partner of the firm?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.4. Do you use an engagement / appointment letter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.5. Do you use a termination / finalisation letter at the completion of each matter?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.6. Do you have a centralised diary / follow-up system for controlling critical response dates for the delivery of professional services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.7. Do you have written procedures for alternate partners / staff to provide services in the absence of the appointed solicitor/partner?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.8. Do you have a panel of specialist firms to whom you refer if you are requested to provide advice outside the usual scope of professional services offered by your firm? 5.8.1. If "Yes" how often is this panel reviewed? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.9. Have you made written enquiry prior to completing this Top-Up Professional Indemnity proposal: 5.9.1. Of the principal? Yes <input type="checkbox"/> No <input type="checkbox"/> Of professional staff? Yes <input type="checkbox"/> No <input type="checkbox"/> 5.9.2. If "No", please ensure this is completed prior to completing the Declaration below.	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.10. Is the <b>whole</b> firm currently accredited with any Quality Standards?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.11. Do you have a written Administration, Operation and Procedures Manual?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.12. Does your practice conduct practice audits / reviews to ensure that the Administration, Operation and Procedures Manual is adhered to?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.13. Have you had a practice procedural review / audit completed by an external consultant in the last 3 years? If "Yes" does the practice now subscribe to the recommendations made by the external consultant in respect of practice procedures and management? Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**6. Claims:**

Since <b>1999</b> has any claim been made, or has any liability been alleged against the Firm (including any Prior Practice) or have any matters been notified to your Insurers that may result in a claim against your Firm <u>that exceeds \$750,000</u> ?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please complete the following details and attach summary of claim from your Compulsory Professional Indemnity Insurer:					
Year of Notification	Name of Insurer	Name of Client	Nature of Claim	Amount Paid and Estimate of Potential Liability	Is File Closed?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
After enquiry, are any of <b>Lawyers</b> aware of any circumstances that might give rise to a claims against the Firm (including a Prior Practice) that has not been notified to your current or prior insurers?					Yes <input type="checkbox"/> No <input type="checkbox"/>

**7. Mergers & Acquisitions**

Has the Applicant Firm been acquired by, merged with or acquired any other legal practice during the past five (5) years? If "Yes" please provide full details: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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## Section 2: Property / Business Interruption (MD/BI) and Liability

**DO YOU WANT A QUOTE FOR PROPERTY/BI AND LIABILITY COVER?** Yes  No  If "Yes" complete the questions below.

### 1. Locations

Location of Office(s):	Postcode	Security	Protection	Owned or Leased
1 <input type="checkbox"/> Office Block / Shopping Centre <input type="checkbox"/> Other		<input type="checkbox"/> Monitored (M) <input type="checkbox"/> Audible (A)	<input type="checkbox"/> Sprinklers (S) <input type="checkbox"/> Hoses and/or Extinguishers (HE)	
		<input type="checkbox"/> Deadlocks on Doors or Windows		
2 <input type="checkbox"/> Office Block / Shopping Centre <input type="checkbox"/> Other				
		<input type="checkbox"/> Deadlocks on Doors or Windows		
3 <input type="checkbox"/> Office Block / Shopping Centre <input type="checkbox"/> Other				
		<input type="checkbox"/> Deadlocks on Doors or Windows		
4 <input type="checkbox"/> Office Block / Shopping Centre <input type="checkbox"/> Other				
		<input type="checkbox"/> Deadlocks on Doors or Windows		
5 <input type="checkbox"/> Office Block / Shopping Centre <input type="checkbox"/> Other				
		<input type="checkbox"/> Deadlocks on Doors or Windows		

### 2. Coverage

Material Damage	Sum Insured
Buildings	\$
Contents (other than Art Work)	\$
Art Work	\$
Rent and Other Outgoings	\$
<b>Total</b>	<b>\$</b>

  

<b>Business Interruption</b> [Note: Business Interruption cover is written on a Gross Fee Income basis, as this is most suitable for professional service firms].	Do you require coverage for <b>loss of Gross Fee Income?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Indemnity Period Required:</b> <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> 24 Months

### 3. Interested Parties

Please detail any Interested Parties (e.g., financiers) that need to be noted on your policy:

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### 4. Public & Products Liability – Limit of indemnity

<b>Public &amp; Products</b>	<input type="checkbox"/> \$5,000,000	<input type="checkbox"/> \$10,000,000	<input type="checkbox"/> \$20,000,000	<input type="checkbox"/> \$ _____
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### 5. Excess Required (applicable to Material Damage, Business Interruption and Public & Products Liability)

<b>Excess</b>	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
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### 6. Claims History

In the last 3 years, have you had any Material Damage / Business Interruption (MD/BI) or Liability claims?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes" provide details:

Year	Description	Amount
		\$
		\$
		\$
		\$

### Section 3: Management Liability (PrivatePractice Edge)

**DO YOU WANT A QUOTE FOR MANAGEMENT LIABILITY COVER?** Yes  No  If "Yes" complete the questions below.

**1. Limit of Indemnity Sought (please tick box):**

\$1.0Mn	\$2.0Mm	\$5.0Mn	\$10.0Mn	\$20.0M	\$ _____

**2. Employment Liability – Human Resource Management**

Does the Firm have written guidelines for the termination of employment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**3. Fidelity – Fraud Controls**

Does the Firm segregate duties so that no one individual can control any of the following activities from commencement to completion without referral to others?		Yes <input type="checkbox"/> No <input type="checkbox"/>
a) Signing cheques, authorizing payments, issuing funds transaction instructions above \$5,000?		Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Refund of monies above \$5,000		Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Reconciling Bank Statements		Yes <input type="checkbox"/> No <input type="checkbox"/>

**4. Insolvency Cover**

Do you want the Policy to provide cover for actual or alleged insolvency?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have financial statements for the Firm's <u>Service and Administration</u> companies that have been audited or reviewed by an external accountant in the last 12 months? <i>If "No" we cannot arrange a quote that includes cover for insolvency.</i> <i>If "Yes, please complete the following questions for each service / administration company:</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Assets	\$ _____	What is the Balance Date for the Financial Statements? _____ / _____
Non-Current Assets	\$ _____	Did the company make a profit after tax last financial year?
Current Liabilities	\$ _____	Has there been a material change in financial position or capital structure post Balance Date?
Non-Current Liabilities	\$ _____	Are you aware of any facts or circumstances which will affect the ability of the Company to meet its debts as and when they fall due?
Total Borrowings	\$ _____	
		Yes <input type="checkbox"/> No <input type="checkbox"/>

**5. Outside Directorships**

Please provide the <b>NUMBER</b> of Outside Directorship positions held by a Partner, Employee or Executive at the specific written request or direction of the Firm as a director or trustee, executive officer or senior manager in any:		
▪ Not-For-Profit Entity	▪ Privately-held Corporation	▪ Any other Entity (other than a listed Corporation)

*If Insolvency Cover is required for any Outside Directorship position, please complete on separate Firm letterhead the information required in Question 4 above, for each such entity.*

**6. Advisory Board**

Does your Firm have an Advisory Board that is properly constituted and meets on a regular basis?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**7. Claims**

a) In the last 5 years have there been any claims made against the Applicant Firm or its Directors or Employees which may have been covered under this policy, if it were in force?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Has any director or officer of the Applicant Firm ever had proceedings (civil or criminal) instigated against them alleging misconduct or breaches in law in their capacity as a Director or an Officer of a company?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) In the last 5 years has the company suffered any Direct Financial Loss as a result of fraud or dishonesty committed by a staff member?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Are any of the Partners, Directors or Employees of the Applicant Firm aware of:	
i) any facts which might give rise to a Claim being made against the Applicant Firm or its Partners, Directors or Employees which may be covered under this policy if it commences?	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii) any facts that would cause a reasonable person to think that the Company might suffer a Direct Financial loss as a result of fraud or dishonesty committed by a staff member?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "Yes" to any of the above, please provide full details using a separate attachment.

## Section 4: Corporate Travel Insurance

**DO YOU WANT A QUOTE FOR CORPORATE TRAVEL INSURANCE?** Yes  No  If "Yes" complete the questions below.

### 1. Application of Cover

Do you want cover to apply in:	Australia only <input type="checkbox"/>	Outside Australia only <input type="checkbox"/>	Worldwide <input type="checkbox"/>
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### 2. Number of Trips

Trip Details	Within Australia *	Overseas
(a) Estimated Number of Trips:		
(b) Estimated Average Duration (days):		
(c) TOTAL = (a) x (b)		

\* Trips within Australia must be greater than 100Kms and exclude normal travel between your residence and work.

### 3. Benefits & Limits

	Level 1 <input type="checkbox"/> (Tick if appropriate)	Level 2 <input type="checkbox"/> (Tick if appropriate)
<b>Baggage / Limit Applicable</b>	\$20,000 any one claim *	\$20,000 any one claim *
<b>Category / Capital Benefit Selected</b>		
<i>Insured Person</i>	\$500,000	\$1,000,000
<i>Accompanying Spouse</i>	\$250,000	\$350,000
<i>Accompanying Dependants</i>	\$20,000 **	\$20,000 **

\* Note – Some items may be sub-limited to lesser amounts \*\* The limit is increased to \$250,000 for Quadriplegia.

### 4. Claims

In the last 3 years, have you had any Corporate Travel Insurance claims?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "Yes" provide details:

Year	Description	Amount
		\$
		\$
		\$

## Section 5: Crime

### 1. Current Fidelity / Crime Insurance

Do you currently purchase Crime or Fidelity Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" when did you first purchase it?	/ /
Have you maintained continuous cover since this date?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No", please state the date from which continuous cover has been maintained	/ /

### 2. Audit

Does an independent registered company auditor audit the books?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", by whom? _____ How Often? _____	
If "No", who audits the books? _____	
What is the scope / limitations of the audit? _____	
Are these audits complete and unqualified?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "No", describe the limitations _____	

Is there an auditor's letter to management relating to internal control weaknesses? If "Yes" please <b>ATTACH</b> a copy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has management prepared a reply? If "Yes" please <b>ATTACH</b> a copy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the audit include all locations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are internal audits performed in addition to or in place of outside audits? If "Yes", how often? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**3. Bank Account Control**

a. Do the employees who reconcile the monthly bank statements also either: <ul style="list-style-type: none"> <li>▪ Sign cheques?</li> <li>▪ Handle deposits?</li> <li>▪ Have access to cheque signing machines or signature plates?</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do employees who prepared cheque requisitions also have cheque signing authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. If any answer to a. or b. above is "Yes" will you correct this weakness? _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Is countersignature of cheques required? If "Yes" at what amount is dual signature required? \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. If the answers to c. or d. are "No", what alternative procedures are in place? _____ _____	
f. Does the Firm bank direct transfer of wire funds? If "Yes", on the basis of what authorisation? _____ Who is authorised to direct the bank? _____ What are the limits of their authority? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**4. Securities**

a. State the value of negotiable securities owned or held	\$ _____
b. Where are the securities kept? _____ _____	
c. If safe deposit boxes are used, has the bank been instructed to require that two individuals be present before entry to any box is permitted? If "No", identify by name and position those having access: _____ _____ _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**5. Securities**

Is there an exposure of precious metals or stones (gold, silver, platinum, industrial diamonds or similar high value material)?  If "Yes" attach a copy of any procedures manual and a separate listing of such exposures by location, stating the maximum value at each such location and the controls over their use (who has access, what inventory protection exists, etc) and what form the materials are in (bar, powder, etc).	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**6. Computer Controls**

a. Are computers used to handle wire transfers? If "Yes", please attach a copy of procedures Are these procedures adhered to? Are security controls in place? If "Yes" describe or attach a copy on the manual.	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Do persons other than employees have physical or electronic access to the Applicant Firm's facilities? If "Yes", describe circumstances and controls in effect: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Is the Applicant Firm engaged in time sharing activities? If "Yes", explain with whom, type of data and whose facility is used: _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Are programmers and operators rotated periodically to minimize the possibility of machines being used improperly?	Yes <input type="checkbox"/> No <input type="checkbox"/>

e. Are the duties of programmers and operators separated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Is the output reconciled by persons who do not prepares or process the input?	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Are pre-authorisation controls maintained for all programmers and operators?	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Do audit practices include "tests" to detect unauthorised programming changes? If "Yes" please provide details: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Are computerised cheque writing operations segregated from departments that authorise cheques?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**7. Personnel Census**

*Class One Employees are directors, executive officers, partners and employees handling money, securities, stock and equipment*

Location	Class One Employees	All Other Employees	Total
<b>Australian Based</b>			
<b>Overseas Based (by country)</b>			

Do you check out the employment records of all new employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**8. Maximum Cash & Cheque Exposure**

Please state the largest estimated amount held on any one day at any one location:			
Cash	\$ _____	Cash payroll	\$ _____
Cheques	\$ _____	Inventory	\$ _____

**9. Coverage Requested**

Coverage Item	Coverage Requested	Limit Requested	Deductible
Employee Theft Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Transit Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Depositors Forgery Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Computer Theft & Funds Transfer Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Investigative Costs Coverage	Yes <input type="checkbox"/> No <input type="checkbox"/>		

**10. Loss Experience**

List all dishonesty, disappearance, destruction and forgery losses discovered by the Applicant Firm in the last six (6) years, itemising each loss separately whether or not covered or claimed on insurance:

If none, please state: \_\_\_\_\_

Date of Loss	Amount	Description	Precautions Taken to Prevent Repetition

Has the Applicant Firm ever been refused this type of cover or had a similar policy cancelled? If "Yes", please attach an explanation of circumstances.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**11. Additional Information**

As part of this Application Form, please attach the following where appropriate:

- Latest audited annual report;
- Latest interim financial statements

**Declaration (all Sections):**

I, the undersigned, AFTER INQUIRY, declare as follows:

1. I am authorised on behalf of the Applicant Firm to sign this Application Form.
2. I have read this Application Form and the accompanying documents and acknowledge the contents of same to be true and complete.
3. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform LawyersInsurance of any change in the particulars or statements contained in this Application Form or accompanying documents.

**Name of Applicant Firm:** \_\_\_\_\_

**Signed: Partner, Principal or Director:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please forward your completed Application Form by email, fax or post to your nearest LawyersInsurance office:

**SYDNEY**

Contact: Robert Stoneham

LawyersInsurance  
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BAULKHAM HILLSNSW2153  
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**MELBOURNE**

Contact: Laurence Gottlieb

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**BRISBANE**

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**PERTH**

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