



# **PROFESSIONAL INDEMNITY INSURANCE ACCOUNTANT'S ADDENDUM**

Level 1, 2 Wellington Parade, East Melbourne. 3002.  
ph: 03 9235 5255 fax: 1800 633 073  
email: [enquiries@prorisk.com.au](mailto:enquiries@prorisk.com.au)  
web: [www.prorisk.com.au](http://www.prorisk.com.au)



## PROFESSIONAL INDEMNITY INSURANCE ACCOUNTANTS ADDENDUM

**IMPORTANT NOTICE:**

- This Addendum attaches to and forms part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates your reply.
- If there is insufficient space, please provide further details on your letterhead.
- All attached documents form part of the Proposal.

1. Full name of all entities to be insured, including service companies and subsidiaries:

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2. Please detail the work you engage in and list the percentage of your fee income derived from these activities:

i. Audit	%	viii. Insolvency/Bankruptcy	%
ii. Accounting/Bookkeeping	%	ix. Investment Advice	%
iii. Business Valuations	%	x. Management Consultancy	%
iv. Company Directorships	%	xi. Mergers & Acquisitions	%
v. Financial Planning	%	xii. Superannuation/Trust Funds	%
vi. Funds Management	%	xiii. Taxation/GST	%
vii. Insurance Advice	%	xiv. Other (please list)	%
<b>Total:</b>			<b>100%</b>

3. Please provide details of your audit activities (if applicable):

Category of Audit Work	Percentage %
Public Companies	
Private/Non Profit Companies	
Financial institutions	
Other (please list)	
<b>Total:</b>	<b>100%</b>

Please complete the Declaration on the next page.

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**DECLARATION:** After making appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to make this Addendum.
- I have read and understood the ProRisk Privacy Statement and the Important Notices accompanying the Proposal and this Addendum.
- I have read and understood this Addendum and the Proposal and I confirm that the contents are true and complete.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform ProRisk of any change to the information contained in this Addendum or the Proposal.
- I acknowledge that, if a contract of insurance is entered into, this Addendum, the Proposal and any accompanying documents will form the basis of the contract.

Signature:

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Name:

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Position:

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Date:

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