

Fee Insure™

Application Form

Applicant's name: _____

Mailing address _____ Postcode: _____

Phone: _____ Fax: _____

Email address: _____

Industry Sector: _____

Financial year: If not 1st April to 31st March, please indicate period: ____/____ to ____/____

Accountant firm's name: _____ Suburb: _____

Please select the relevant option(s) (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 options); determine how many financial years you want to initially be insured for (i.e., Table 1, 2, 3 or 4), and then calculate the premium making certain that you total the Base Premiums and then add GST and the Policy Administration Fee as indicated below.

Individual

Covers professional fees per annum for the nominated individual, their spouse or partner and any passive trust or superfund.

**Base
Premium**

Nominated Individual 1: _____ \$ _____

Nominated Individual 2: _____ \$ _____

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

Covers professional audit fees per annum for the self employed person, their trading entity, their spouse or partner and any trust or superfund.

**Base
Premium**

Trading Name: _____ \$ _____

Business

Covers professional audit fees per annum for all operating entities under common majority ownership including any trusts or superfunds.

Turnover \$ _____

**Base
Premium**

Entity name 1: _____ \$ _____

Entity name 2: _____ \$ _____

Entity name 3: _____ \$ _____

Sub Total \$ _____

+12.5% GST \$ _____

Sub Total \$ _____

+ Admin Fee (Includes 12.5% GST) \$ **85.00**

Total Premium Payable \$ _____

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.

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.

Previous audits

Have any of the Individuals or Entities listed on this Application Form been audited by a government agency in the last 5 years? Yes No.

If 'Yes', you need to detail, on signed letterhead and for each audit, 'What type of audit was undertaken'; 'Date of the first notice of the audit'; 'What was the outcome of the audit'; 'Amount of any amended assessment, fines or penalties imposed'; and 'What professional fees were incurred to manage the audit'.

Depending on your response, we reserve the right to adjust the amount of premium or decline to accept cover.

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 Insurer

The Policy is underwritten by QBE Insurance (International) Limited of 29 Customs St West, Auckland 1140.

In arranging and effecting this Policy, International Underwriting Agencies Ltd, PO Box 7238 Wellesley Street, Auckland 1002, Phone: (09) 302 7693, Email: iua@iua.co.nz will be acting under authorities given to them by the Insurer. They will be acting as agents of the Insurer, not as Your agent.

Pursuant to the Privacy Act 1993'

The following is brought to Your attention;

- (a) This Proposal Form collects personal information about You;
- (b) The information is collected to evaluate the insurance You seek;
- (c) The intended recipient of the information is International Underwriting Agencies Ltd;
- (d) The information is being collected and held by International Underwriting Agencies Ltd;
- (e) The collection of this information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory;
- (f) The failure to provide this information may result in Your Proposal Form for insurance being declined, or Your insurance being void from the beginning;
- (g) You have rights of access to, and correction of this information subject to provisions of the Privacy Act 1993.

Declaration:

I/We declare that:

- I/We agree that this Proposal Form shall be the basis of the contract between Me/Us and International Underwriting Agencies Ltd and I/We am/are willing to accept the terms, conditions and exclusions of this insurance.
- All answers and information given on this Proposal Form and on any attachments are in every respect correct.
- I/We have read and understood the general questions and the Privacy Act information on this Proposal Form.
- I/We authorise disclosure to International Underwriting Agencies Ltd of personal information held by any other party regarding My/Our existing and previous insurances.
- I/We agree that International Underwriting Agencies Ltd may provide personal information regarding My/Our insurances to other members of the insurance industry and parties who have a financial interest in the subject matter of this insurance.
- I/We understand that no insurance is in force until this Proposal Form has been accepted by International Underwriting Agencies Ltd, unless a hold covered instruction or cover note is in force.



Signature: _____ Date: ____/____/____

**Make sure you have read the 'Important Notice' panel on the previous page.
Please ensure applicant details are completed in full.**