



BROKERS SINCE 1992
 Made Easy Financial Group Pty Ltd
 Insurance Made Easy - ABN: 63 095 849 497 AFSL: 285 920
 PO Box 1350, Upwey, VIC 3158. Ph 03 9757 8181 Fax 03 9757 8191
 Email: admin@imeinsurance.com.au

ICB BOOKKEEPER'S PROFESSIONAL INDEMNITY AND RELATED INSURANCES APPLICATION FORM

****Please read the Statutory Notices page before completing this Application Form****

Are You a : Sole Trader () Partnership () Pty Ltd () (please tick)

Entity Name: _____

Trading Name : _____ ABN: _____

Contact Name(s) _____ Phone No. _____ Mobile: _____

Email : _____

Address : _____

ICB Member Number: _____

1. Do you currently have Professional Indemnity insurance for your bookkeeping business? YES NO
 Expiry date: _____ Retroactive Date: _____ (The date from which you first had continuous Professional Indemnity Insurance Cover to date)
2. What date do you want the Insurance to commence? (Cannot be before the date application is submitted) _____
3. Have you ever been refused this type of insurance or had a similar policy cancelled or renewal refused? YES NO
4. Have you ever given notice of a potential Professional Indemnity claim to an insurer in the past? YES NO
5. Are you aware of any circumstances that could give rise to a claim for professional negligence? YES NO
6. Do you provide Tax Agent Services? YES NO If "YES" please advise approx. ___ % of gross income derived from this activity.

PROFESSIONAL INDEMNITY INSURANCE

Please check the boxes for level of cover and premium (please tick)

Sum Insured	\$500,000 <input type="checkbox"/>	\$1,000,000 <input type="checkbox"/>	\$2,000,000 <input type="checkbox"/>
Annual Gross Income	↓	↓	↓
Up to \$120,000	\$ 390.00 <input type="checkbox"/>	\$ 490.00 <input type="checkbox"/>	\$ 763.50 <input type="checkbox"/>
\$120,001 to \$200,000	\$ 461.00 <input type="checkbox"/>	\$ 642.00 <input type="checkbox"/>	\$ 884.50 <input type="checkbox"/>
\$200,001 to \$300,000	\$ 521.50 <input type="checkbox"/>	\$ 763.50 <input type="checkbox"/>	\$ 1,005.50 <input type="checkbox"/>

If Annual Gross Income is more than \$300,000 contact our office for premium and cover

Policy Excess nil on incomes up to and including \$200,000. Excess \$250.00 on incomes in excess of \$200,000

All premiums above are the total amount you pay including Govt charges and broker fees. Policy Underwritten by:
 Chubb Insurance Company of Australia Limited, ABN 69 003 710 647

BUSINESS ACTIVITIES COVERED BY THE POLICY

Professional Business Practice of Bookkeeping Services including but not limited to:

Bookkeeping & Payroll

- Calculating
- Processing
- Reconciling
- Reporting

Administration

Completion of regulatory documents (where authorised to do so)

Some of these may include:

- Superannuation guarantee charge
- Workers Compensation documentation
- Data Processing
- Payment Processing (subject to authorisation by your clients)
- Provision of information to third parties when authorised

Accounting and Financial Management or related software packages

- Installation
- Set up
- Configuration
- Training and Use

BAS Agent Services

As defined in Tax Agent Services Act 2009 including
BAS preparation and advice - GST advice - Payroll services
PAYG withholding calculations and advice

Data File Management

Consulting and advice in relation to the foregoing data file management (including backup management & file location management) in relation to the above services may be provided at the client site utilizing your clients booking system or at a different location or via remote access software, or Cloud computing

Who is Covered?

All directors, employees and contractors whilst working on behalf of the insured business

PUBLIC LIABILITY INSURANCE

Do you want Public Liability Insurance? (Please Tick)
 Limit of Liability \$10,000,000 Policy Excess: \$500

Yes No

Gross Income Range Premiums including all charges

Up to \$120,000	\$ 184.25 <input type="checkbox"/>
\$120,001 to \$200,000	\$ 233.10 <input type="checkbox"/>
\$200,001 to \$300,000	\$ 323.40 <input type="checkbox"/>

If Annual Gross Income is more than \$300,000 contact our office for premium and cover

GENERAL PROPERTY INSURANCE FOR OFFICE CONTENTS & PORTABLE ELECTRONIC EQUIPMENT

This insurance covers against theft, loss or accidental damage to your property

If you would like a quote for this Insurance, please complete the details below.

Item Description:	Make	Model	Serial Number	Replacement Value \$
Laptop				
iPhone				
iPad				
Other (Please Describe)				

Static Office Contents	Sum Insured:	\$
------------------------	--------------	----

PERSONAL ACCIDENT & ILLNESS INSURANCE

[Please contact our office to obtain an Application Form if you would like to apply for this insurance]

\$20,000 Capital Benefits:

- Death
- Disabilities (sliding scale)

INCOME: 52 weeks benefit

(Indicative Premiums below – subject to Insurer acceptance) (Please Tick)

WEEKLY BENEFIT**	INJURY ONLY	ILLNESS AND INJURY
Weekly wages up to \$750	\$338 <input type="checkbox"/>	\$820 <input type="checkbox"/>
Weekly wages up to \$1,000	\$366 <input type="checkbox"/>	\$1,007 <input type="checkbox"/>
Weekly wages up to \$1,500	\$426 <input type="checkbox"/>	\$1,388 <input type="checkbox"/>

Based on 85% of weekly income averaged over 12 months prior to the claim

****104 Weekly Benefits are available on application (please contact our office for further information)**

PAYMENT OPTIONS (Please Tick)

Option 1. We will forward you a Tax Invoice. Payment options as per Tax Invoice (incl BPay)

Option 2. I will be paying by Visa or MasterCard (Please contact our office and we will process your payment (no surcharge applies)

Option 3. I would like a quote for Premium Funding.
(We can offer payment of premium through finance contract over instalments.
No Application Fee applies, however Interest charges apply to the loan)

DECLARATION

By submitting the application, you agree that you have read the Statutory Notice. You agree that any existing claims circumstances you are aware of will not be covered by the proposed insurance.

Signed Date

Name [please print]

For Assistance please call our office on 03 9757 8181 or Toll-Free on 1800 641 260

STATUTORY NOTICE

A. YOUR DUTY OF DISCLOSURE – CONTRACTS OF GENERAL INSURANCE

Before you enter into a contract of general insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

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

Your duty however does not require disclosure of any matter:

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

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 or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

B. CLAIMS MADE DURING THE PERIOD OF INSURANCE

This policy provides cover on a "claims made" basis, which means that claims first advised to you (or made against you) during the period of insurance are covered, irrespective of when the incident causing the claim occurred. When you give notice in writing to us of facts that might give rise to a claim against you and you give that notice as soon as reasonably practicable after you become aware of those facts but before the cover provided by your insurance contract with us expires, we cannot refuse to cover you by reason only of the fact that the claim against you is actually made after that expiry date.

C. SUBROGATION

You may prejudice your rights with regard to a claim if, without prior agreement from the Insurer, you make agreement with a third party that will prevent the Insurer from recovering the loss from that, or another party

Your policy contains provisions that either exclude the Insurer from liability, or reduce their liability, if you have entered into any agreements that exclude your rights to recover damages from another party in relation to any loss, damage or destruction which would allow you to sustain a claim under this policy.

OTHER IMPORTANT INFORMATION

D. 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 with the utmost good faith. Failure to do so on your part may prejudice any claim or the continuation of cover provided by the Insurer.

C. NOT A RENEWABLE CONTRACT

Cover under this policy will terminate at expiry of the Period of Insurance specified in your policy document. If you wish to effect similar insurance for a subsequent period, it will be necessary for you to complete a new proposal form prior to the termination of the current policy so that terms of insurance and quotation/s can then be developed for your consideration.

E. CHANGE OF RISK OR CIRCUMSTANCES

It is vital that you should advise us of any departure from your "normal" form of business (i.e. that which has already been conveyed to the Insurer). For example, acquisitions, changes in location or new overseas activities.