



BROKERS SINCE 1992

Made Easy Financial Group Pty Ltd. ABN 63 095 849 497 Lic.No. 285920  
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## 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: \_\_\_\_\_ Your Qualifications: \_\_\_\_\_

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

If "YES" to any of the above, please attach details of all claims or potential claims made against you, your principals, employees or consultants in the last five (5) years.

6. Are you a Registered Tax Agent? YES  NO

If "YES" please advise approx. % of gross annual income derived from this activity \_\_\_\_\_%

7. Are you a Registered BAS Agent? YES  NO

### PROFESSIONAL INDEMNITY INSURANCE (Please tick preferred level of cover and premium)

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

For Income above \$300,000 please contact our office for premiums and cover

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"/>

### CYBER COVER ENDORSEMENT (Optional Extension to Professional Indemnity Insurance)

I would like to purchase the Cyber Cover YES  NO

Limits of Cover, Excess and Premiums (Please  preferred Option) (Please contact our office if you would like further information)

Options	Policy Limit	Excess	Annual Add-On Premium
Option 1 <input type="checkbox"/>	\$ 50,000	\$1,000	\$125.00
Option 2 <input type="checkbox"/>	\$ 100,000	\$1,000	\$188.00
Option 3 <input type="checkbox"/>	\$ 200,000	\$1,000	\$335.00

All premiums above are the total amount you pay including Govt charges and broker fees.

Policy Underwritten by: Chubb Insurance Australia Limited, ABN 23 001 642 020, AFSL 239687

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## **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**

- Sales
- 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

### **Tax Agent Services (Where Qualified & Registered)**

Cover available for Tax Agent Services up to 15% of revenue invoiced at no additional cost. Higher percentage levels available (an additional premium may apply)

### **Who is Covered?**

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

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## BOOKKEEPER PUBLIC LIABILITY INSURANCE

I would like to purchase Public Liability Insurance Yes  No

Limit of Liability \$10,000,000

Policy Excess \$500

Gross Income Range	Up to \$120,000	\$120,000 to \$200,000	\$200,000 to \$300,000
Premium (incl. of all charges)	\$ 184.25 <input type="checkbox"/>	\$233.10 <input type="checkbox"/>	\$323.40 <input type="checkbox"/>

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

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## GENERAL PROPERTY INSURANCE FOR OFFICE CONTENTS & MOBILE ELECTRONIC EQUIPMENT

This insurance covers against theft, loss or accidental damage to your property. If you would like a quote for this Insurance, please select one of the Options below and we will forward a quotation to you.

**OPTION 1:** Total Insured Unspecified Replacement Value for all Mobile Electronic Equipment \$ \_\_\_\_\_

Total Insured Unspecified Replacement Value for all Static Office Equipment \$ \_\_\_\_\_

**(PLEASE NOTE: Insured Items valued \$3,000 and above MUST BE SPECIFIED BELOW)**

**OPTION 2:** Specified Equipment (If you wish to specify your insured items please complete the table below)

Item Description:	Make	Model	Replacement Value \$
Laptop			
Mobile Phone			
iPad			
Other (Please Describe)			

  

Static Office Contents	Sum Insured:	\$
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## 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 14 Day Excess**

**(104 weeks and other Excess Options are available – Please contact our Office for further information**

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

WEEKLY BENEFIT**	INJURY ONLY	ILLNESS AND INJURY
Weekly wages up to \$750	\$336 <input type="checkbox"/>	\$820 <input type="checkbox"/>
Weekly wages up to \$1,000	\$386 <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 100% of weekly income averaged over 12 months prior to the claim

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## 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.

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## 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 .....

**(Must be signed by Owner/Director/Partner of the Insured Entity)**

Position .....

Name [please print] .....

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### 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)

**For further enquiries or assistance, please contact our Specialist Bookkeeping Team at Insurance Made Easy on 03 9757 8181 or toll-free 1800 641 260**