

**MULTI RISK ADDENDUM**

**IMPORTANT**

- Please complete the section for your profession.
- Please answer ALL questions fully. If there is insufficient space, please provide details on your own letterhead, and attach to this form.
- Where provided, tick the appropriate box to indicate your answer.
- The Applicant, and all persons seeking cover, will be referred to in this proposal as “you” or “your”.

**ACCOUNTANTS**

1. Advise percentage of fees received for the following work:

Insolvency		%
Taxation		%
Audit		%
Other		%

2. Does the firm act as an agent/manager for any building society, bank, credit union or insurance company?      Yes       No

*If “Yes”, please attach details.*

3. Does the firm receive commission from any organisation for introducing clients or investors to that organisation?      Yes       No

*If “Yes”, please attach details, and advise if the firm informs those clients and investors that it receives commission.*

**ARCHITECTS, ENGINEERS AND SURVEYORS**

**1. Advise percentage of fees received for the following work:**

Architectural	<input type="text" value=""/>	%	Geotechnical Engineering	<input type="text" value=""/>	%
Town Planning	<input type="text" value=""/>	%	Project/Construction Manager	<input type="text" value=""/>	%
Structural Engineering	<input type="text" value=""/>	%	Interior Design	<input type="text" value=""/>	%
Mechanical Engineering	<input type="text" value=""/>	%	Land Surveying	<input type="text" value=""/>	%
Electrical Engineering	<input type="text" value=""/>	%	Quantity Surveying	<input type="text" value=""/>	%
Civil Engineering	<input type="text" value=""/>	%	Marine Surveying	<input type="text" value=""/>	%
Aeronautical Engineering	<input type="text" value=""/>	%	Building Surveying	<input type="text" value=""/>	%
Nuclear Engineering	<input type="text" value=""/>	%	Other Work (detail below):	<input type="text" value=""/>	
Design and Construct	<input type="text" value=""/>	%			

**2. Advise percentage of fees received from the following work:**

Domestic Buildings	<input type="text" value=""/>	%	Feasibility/EIS Reports	<input type="text" value=""/>	%
Commerical Buildings	<input type="text" value=""/>	%	Marine Structures	<input type="text" value=""/>	%
Industrial Buildings	<input type="text" value=""/>	%	Water/Sewerage Systems	<input type="text" value=""/>	%
Public Buildings	<input type="text" value=""/>	%	Bulk Handling Structures	<input type="text" value=""/>	%
Bridges	<input type="text" value=""/>	%	Amusement Structures	<input type="text" value=""/>	%
Tunnels	<input type="text" value=""/>	%	Petrochemical/Refineries	<input type="text" value=""/>	%
Dams	<input type="text" value=""/>	%	Other Work (detail below):	<input type="text" value=""/>	

## INFORMATION TECHNOLOGY

1. Advise percentage of fees received for the following work:

Software Design/Programming	<input type="text"/> %	Internet Services	<input type="text"/> %
Systems Consultancy/Advice	<input type="text"/> %	Software Sales (unmodified)	<input type="text"/> %
Training/Education	<input type="text"/> %	System Modification/Maintenance	<input type="text"/> %
Hardware Sales	<input type="text"/> %	Bureaux Service	<input type="text"/> %
Software Sales (modified)	<input type="text"/> %	Other Work (detail below):	

2. Are confidentiality agreements signed by all employees? Yes  No

*If "No", please attach details and explain why?*

3. Are intellectual property rights adequately protected? Yes  No

*If "No", please attach details and explain why?*

4. Website address (if any)

5. Are any products or services intended for use in or by aircraft, watercraft, utility companies, nuclear or petrochemical installations, process control equipment, robotics control systems or surgical or medical applications? Yes  No

6. Do you produce bespoke systems or customized software systems? Yes  No

*If "Yes", please attach details.*

7. Do you provide source code to a client? Yes  No

*If "Yes", is the source code provided prior to or after project sign off?*

## INSURANCE BROKERS AND AGENTS

1. Advise percentage fees/commission received for the following insurance classes:

Fire	%	Marine	%
Accident	%	Aviation	%
Workers Compensation	%	Life	%
General Liability	%	Motor – Cars/Light Commercial	%
Livestock	%	Motor - Heavy	%

2. Please complete the following table:

Financial Year	Premium Income	Commission/Brokerage	Fees
<b>Current</b>	A\$	A\$	A\$
<b>Last</b>	A\$	A\$	A\$
<b>Previous</b>	A\$	A\$	A\$

**NOTE:** *The total of Commission, Brokerage and Fees should reconcile with the figures provided in Question 20 of the proposal.*

## VETERINARY SURGEONS

1. Advise percentage of fees received in the following areas of your practice:

Domestic Animals	%		
<b>Bloodstock:</b>		<b>Stud Stock:</b>	
Horses	%	Horses	%
Cattle	%	Cattle	%

## NURSING HOMES, HOSTELS AND RETIREMENT VILLAGES

1. Are you properly licensed in accordance with the law?      Yes       No

*If "No", please attach details.*

2. Number of beds:

3. Do you perform any diagnostic, surgical or medical procedures      Yes       No

*If "Yes", please attach details.*

4. Does the premises meet all the regulatory (including Government, Semi-Government, Fire Brigade and Health Department) authorities requirements? Yes  No

If "No", please attach details.

## SCHOOLS, COLLEGES AND UNIVERSITIES

1. Number of:

Full time students:

Part time students:

2. Total number of students on EFTSU basis:

3. Do you operate a clinic? Yes  No

*If "Yes", please attach details.*

4. Do you perform any diagnostic, surgical or medical procedures? Yes  No

5. Do you provide services to commerce or industry (whether paid or not)? Yes  No

*If "Yes", please attach details of those services and fees received for them.*

6. Do you obtain letters of consent and indemnity from parents or guardians before allowing students to engage in extra curricular activities organised by you? Yes  No

*If "No", please attach details and explain why.*

7. Do you conduct experiments on humans and/or conduct clinical trials? Yes  No

If "Yes", please attach details.

## DECLARATION

The signatory declares:

- that the signatory is authorised to make this proposal on behalf of all persons and entities seeking insurance.
- that the signatory has read and understood the "Notice to Proposed Insured" at the front of this proposal.
- that the information supplied in this proposal (and any attachments relating to it) is true and correct.
- that the signatory understands and acknowledges that Nova Underwriting Pty Ltd relies on the information contained in the proposal (and any attachments relating to it).

- the signatory understands and acknowledges that the proposal (and any attachments to it) and any other information supplied to Nova Underwriting Pty Ltd in support of this application for insurance shall form the basis of any contract of insurance subsequently effected.

**Name of Signatory:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_