

**OPTIONAL PROVISION  
PREVIOUS BUSINESS APPLICATION  
Nova Underwriting Pty Ltd**

**THIS FORM MUST BE COMPLETED FOR EACH PREVIOUS BUSINESS FOR WHICH COVER IS REQUESTED AND SIGNED BY EACH PRINCIPAL, PARTNER, DIRECTOR OR EMPLOYEE OF THE BUSINESS AND WHOSE PI POLICY THIS EXTENSION IS SOUGHT. THIS FORM MUST ALSO BE SIGNED BY A PRINCIPAL, PARTNER OR DIRECTOR OF YOUR CURRENT BUSINESS.**

1.0 Name of previous business:

2.0 Describe the professional services offered by the business named in 1.0:


3.0 Annual revenue of previous business where **You** left:

4.0 Please supply the following details:

NAME	AGE	QUALIFICATIONS	DATE QUALIFIED	TIME AT	
				PREVIOUS BUSINESS	CURRENT BUSINESS

5.0 Are **You** entitled to cover under the PI policy held by **Your** previous business? Yes  No

5.1 *If "Yes", please provide details, including sum insured under that PI policy:*


5.2 If "Yes", is cover only sought in excess of the sum insured under that PI policy? Yes No

If "No", please explain why, and how you envisage this PI policy interacting with that PI policy:


6.0 Are there any formal or informal agreements or indemnities between **You** and **Your** current business OR between **You** and **Your** previous business, about claims arising from **Your** previous business? Yes  No

If "Yes", please attach details.

7.0 Has anyone from **Your** previous business contacted **You**, or **Your** current business, about any claims or potential claims arising at **Your** previous business since **Your** departure? Yes  No

If "Yes", please attach details.

8.0 Have **You** disclosed to the current business:

8.1 Details of any agreements or indemnities (if any) referred to in 6.0? Yes  No  N/A

8.2 Details of any claims or potential claims (if any) arising from work done by **You** at **Your** previous business? Yes  No  N/A

9.0 In relation to **Your** previous business, **AND AFTER CONTRACTING YOUR PREVIOUS BUSINESS:**

Are **You** aware of any complaints made by any client of **Your** previous business about **Your** work? Yes  No  N/A

9.1 Have any claims for negligence or breach of professional duty ever been made against **You** or **Your** previous business arising from:

9.1.1 **Your** work Yes  No

9.1.2 Work performed by others Yes  No

9.2 Are **You** aware of any circumstances or incidents that could give rise to a claim against **You** for **Your** previous business? Yes  No

If "Yes" to any of the above questions, please provide the following details in respect to each matter.

YOUR NAME	NAME OF CLAIMANT OR POTENTIAL CLAIMANT	BRIEF DESCRIPTION OF CLAIM/CIRCUMSTANCE	ESTIMATE OF POTENTIAL LIABILITY

▪ **NOTE : WE WILL NOT COVER CLAIMS OR ACTIONS ARISING OUT OF ANY MATTER OR CIRCUMSTANCES REFERRED TO IN THE ABOVE QUESTIONS, REGARDLESS OF WHETHER SUCH MATTERS OR CIRCUMSTANCES WERE DISCLOSED OR NOT.**

▪ **PLEASE ATTACH A COPY OF ANY COMPLAINTS REGISTER MAINTAINED BY YOU OR YOUR PREVIOUS FIRM.**

**DECLARATION**

Each signatory declares:

- That the information supplied in this application (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 declaration ( and any attachments relating to it) in determining whether to offer Previous Business cover, and if so, on what terms.

**PARTNERS / PRINCIPALS / DIRECTORS OF PREVIOUS FIRM:**

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_.

**PARTNER / PRINCIPAL / DIRECTOR OF CURRENT FIRM (NOT BEING ONE OF THE ABOVE):**

Name \_\_\_\_\_ Position \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_.