

# COMBINED BUSINESS SUPPLEMENTARY QUESTIONNAIRE



EPSILON UNDERWRITING AGENCIES PTY LIMITED

Epsilon Insurance Broking Services Pty Limited T/as Epsilon Underwriting Agencies ("Epsilon") is effecting this cover as Agent for the insurer, being certain Underwriters at Lloyd's ("Lloyds") and not for or on behalf of the insured.

PLEASE ANSWER THE FOLLOWING QUESTIONS AS THEY RELATE TO PROFESSIONAL SERVICES AND ADVICE PROVIDED BY YOUR FIRM:

1. Please advise details of any professional services and/or advice provided by your firm.

2. Please advise the type of service/advice provided and the type of industries to whom such advice and service is provided.

3. What year was your firm established?

4. Estimated annual fees in respect to professional services/advice provided?

5. As regards sub-contractors:

a) Do you engage sub-contractors to perform design work or other professional services on your behalf?

b) If so, what is the estimated turnover in respect to such work?

c) What is the minimum level of Professional Indemnity insurance the sub-contractors are required to carry?

6. Please advise the number of:

a) Directors/Principals.

b) Professionally qualified staff

c) Total staff

7. Have you previously purchased professional indemnity insurance?

PLEASE ANSWER THE FOLLOWING QUESTIONS AS THEY RELATE TO PROFESSIONAL SERVICES AND ADVICE PROVIDED BY YOUR FIRM: (CONT)

8. If yes, what was the inception date of the original policy and what is the current Limit of Indemnity?

9. Do you wish to purchase a reinstatement of the Section 2 Policy Limit.

10. Are you aware of any circumstances where you would have suffered financial loss?

CLAIMS AND/OR LOSS EXPERIENCE

Dates	# Claim Reported	Amount paid & outstanding	Applicable Excess
From <input type="text"/> To <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Description of Claim <input type="text"/>			
From <input type="text"/> To <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Description of Claim <input type="text"/>			

Please provide turnover split by state and overseas

NSW%	VIC%	QLD%	SA%	WA%	TAS%	ACT%	NT%	Overseas
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

COUNTRY BUSINESS SPLIT

Category	% Fee Split
Europe	<input type="text"/>
Africa	<input type="text"/>
Rest of world	<input type="text"/>
C&S America	<input type="text"/>
Canada	<input type="text"/>
UK	<input type="text"/>
Australasia	<input type="text"/>

## COUNTRY BUSINESS SPLIT (CONT)

Category	% Fee Split
Far East	<input type="text"/>
Middle East	<input type="text"/>
Asia	<input type="text"/>
Caribbean	<input type="text"/>
Tax haven	<input type="text"/>
USA	<input type="text"/>
<b>Total</b>	<input type="text" value="100%"/>

### Declaration

I declare that:

1. The answers given above and documents submitted represent the true position and have been completed after due enquiry;
2. I have not withheld any material information or any matter relevant to the decision of Epsilon as to whether to accept this risk;
3. I agree that this proposal and any accompanying documents shall form or partly form the basis of the Policy;
4. The person signing this proposal is duly authorised to sign on behalf of the Insured

Signature(s):

Date:

Title/Position:

## NOTES