

Tasman Underwriting Pty Ltd is a Corporate Authorised Representative of Austagencies Pty Ltd ABN 76 006 090 464 AFSL 244584

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PO Box 1813 North Sydney NSW 2059

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**Accountants Addendum**

1. Please breakdown the approximate percentage of your fee income in the following areas:-

Activity	%	Activity	%
Accounts preparation and bookkeeping		Investment advice/management	
Taxation (Personal)		Auditing (Also see Question 2 below)	
Taxation (Other)		Super fund	
Forensic Accounting		Super fund Trusteeship	
Insolvency/Receiverships/Liquidations		Finance/Mortgage Broking	
Company Directorships/Secretarial Positions (Also see Question 3 below)		Insurance	
Management Consultancy		Migration Agent	
Financial Planning		Information Technology Consultancy	
Business Valuations		Information Technology Software	
		<b>TOTAL</b>	100

2. Please provide details of the percentage of your AUDIT work falling into the following categories:

Category	%
Non profit Organisations	
Private Companies	
Public Companies	
Financial Institutions	
Trust Funds	
Self Managed Superannuation Funds	
Other (please specify)	

3. Does any Partner/Principal/Director or employee hold Directorship(s) or Secretarial positions with any other practice or business? YES  NO   
*If Yes, please provide details*

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4. Have you or any Partner/Principal/Director or employee ever been made subject to disciplinary proceedings for misconduct in a professional respect? YES  NO   
*If Yes, please provide details*

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5. Is any Partner/Principal/Director or employee, AFTER ENQUIRY, aware that any of your accounts are overdue for payment where there is reason to believe that the client is dissatisfied with your professional services? YES  NO   
*If Yes, please provide details*

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6. Do you provide any services or advice in respect of reverse mortgage products? YES  NO

I/We hereby declare that the above statements are true, that I/We have not suppressed or mis-stated any facts, and that should any of this information alter between the date of this Addendum and the inception date of the proposed insurance, I/We will give immediate notice to the Underwriters. I/We also confirm that I/We am/are authorised to act for and on behalf of all persons who may be entitled to indemnity under the proposed insurance and that I/We complete the Proposal and this Addendum on their behalf.

Name(s) of Firm .....

Date: .....

Signed: .....