



Insurance Intermediaries

Your Award Winning Insurer



1. If the Proposed entity is a Licensed Insurance Broker:

a) State the Financial Services Licence Number:

b) Is the entity licensed to transact General insurance? No Yes

c) Is the entity licensed to transact Life insurance? No Yes

d) Is the entity licensed to transact any other Financial products? No Yes If yes, please provide details:

2. In the table below, list all Authorised Representatives involved in the Proposer's business (including all Principals, Employees and Corporate Authorised representatives), indicating whether any individuals are salaried employees or paid on commission:

Full Name	ASIC Authorised Representative Number	Salaried	Commission
		No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
		No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
		No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
		No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
		No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
		No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
		No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

3. Does the Proposer act as an Underwriting agent or hold any binding authorities? No Yes

a) If so, for each facility state the security, the products and the limits involved:

Facility	Security	Products	Limits

b) Does any facility provide any claims handling authority? No Yes If yes, give details:

c) Has an audit ever been carried out in respect to any facility? No Yes If yes, give details:

When was the last audit carried out?

Were any audit findings made known to you?

What recommendations/requirements did the auditor or Insurer make as a result of the audit?

Have all such recommendations been actioned?

4. Does the Proposer place any insurance with Unauthorised Insurers/DOFI's?

No Yes If yes, give details:

5. Is the Proposer a member of NIBA, UAC or Industry group? (If so state which):

6. What was the Gross Premium processed for the last completed financial Year?

7. For the last completed financial year, what was your income from the following:

Brokerage/Commission	
Fees	
Other income (please provide details)	
Total	

8. What were your Total expenses for the same period?

9. Please show below the **gross premium as a percentage to total 100%** between all products for the last complete financial year.

Domestic Fire/Contents	
Commercial Fire/Contents/Pack	
ISR	
Domestic Motor	
Light Commercial Motor (to 3 tonnes)	
Heavy Commercial Motor (over 3 tonnes)	
Liability	
Aviation	
Marine	
Livestock	
Workers Comp	
Personal accident	
Life	
Other (specify)	
Total	100%

DECLARATION

I declare that I am authorised to complete this Addendum on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Addendum are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Addendum is entered into.

By completing and signing this Addendum you acknowledge, accept and agree that in underwriting and issuing a policy BIA does and will rely on all disclosures, proposals, declarations and representations made by you to BIA.

___ / ___ / 20___

Date

Name of authorised individual/partner/principal/director

Signature of authorised individual/partner/principal/director

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