

### 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*
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*
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*
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: