



A Your personal details

Member ID _____ Status AIPA MIPA FIPA

Mr Mrs Miss Ms Other, please state _____ Date of birth ____ / ____ / ____

Given name(s) _____ Family name _____

Residential address _____

Suburb/Town/City _____ State _____ Postcode _____

Phone _____ Mobile _____

Email address (mandatory) _____

B More information about you

Have you been a member of the IPA for a minimum of 5 years? Yes No

Is your gross annual income from providing accounting/related services more than \$18,200 (current threshold)?
 Yes No

C Declaration

I declare that:

- I understand that by providing my credit/debit card details or cheque payment that I am confirming I have sufficient funds to pay for all fees relating to this application. I also understand that my Retired Platinum membership will not become active until the payment has been received by the IPA and I have received a tax invoice by email upon payment.
- I have read the Privacy Statement* and consent to my personal information being collected, used and disclosed for the purposes outlined.
- I understand that the IPA has an investigations and disciplinary process* to accept written complaints against IPA members. As a condition of membership all IPA members are subject to this investigation and disciplinary process for alleged breaches of the IPA Constitution, By-laws, Pronouncements and professional and ethical standards.
- I agree to abide by the lawful decisions of the IPA Board, IPA Constitution, Pronouncements and By-laws* and all Standards and Guidance Statements issued by the Auditing & Assurance Standards Board of Australia, the Australian Accounting Standards Board and the Accounting Professional and Ethical Standards Board, including the requirements to:
 - Maintain professional indemnity insurance that complies with IPA requirements;
 - Advise the IPA should I become bankrupt, be charged with any criminal offence or be the subject of an adverse finding by any professional or regulatory body; and
 - Advise the IPA should there be any business sale, merger, liquidation or litigation.

I certify that the information provided on this application form and attachments is true and correct.

<p>Full name _____</p> <p>Signature _____ Date ____ / ____ / ____</p>
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*For more information, go to www.publicaccountants.org.au.

Go to the next page

D

Payment Details

Your application must include payment of the Retired Platinum membership fee of \$335.00.

Payment authority

I have enclosed a cheque/money order payable to "Institute of Public Accountants"

OR

Please charge my AMEX MasterCard Visa

Card number _____ Expiry date ____ / ____

Cardholder name _____

Signature _____ **Date** ____ / ____ / ____

<p>Total amount due <u>\$335.00</u> All fees are GST inclusive</p>

Upon payment, you will receive a Tax Invoice email.

Go to the next page

E

Details for professional indemnity cover

All work conducted by you relates to private & community organisation work undertaken on a voluntary, honorary or pro-bono basis OR comprises training and/ or mentoring in accounting practices? Yes No

If 'No' please provide details _____

Have you performed work for a publicly listed company? Yes No

If 'Yes' please provide details _____

Is your business promoted to the public? (Other than the IPA website and in the IPA Journal) Yes No

Do you work in the following areas?

- Mergers and acquisitions Yes No
- Financial planning/ stockbroking/ securities dealings Yes No
- Audit of public companies Yes No
- Receivership, insolvency and/ or reconstruction services Yes No
- Business valuations Yes No
- Forensic accounting Yes No

Claims and circumstances

During the past 10 years, have any claims been made, or has an negligence been alleged against you, any present or former principles, or have any circumstances which may give rise to a claim against you or any of the present or former principles been notified to insurers? Yes No

Are there any circumstances not already notified to insurers, which may give rise to a claim against you or any prior corporate practice or any of the present or former principals? Yes No

Have there been any changes to matters that may have been disclosed to CGU Professional Risks in any proposal forms previously provided? Yes No

If you answered 'Yes' to any of the above questions, please provide details _____

F

Professional Indemnity no claims declaration

- Please complete all sections of the declaration.
- Cover is subject to satisfactory completion of this No Claims Declaration.



Full legal name(s) _____

Declaration

I/ We hereby declare that:

- The statements in this application are true, and I/we have not suppressed or misstated any facts to the best of our knowledge.
- I/We authorize CGU Professional Risks Insurance, a division of CGU Insurance Limited, to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service. Where I/we have provided information about another individual (for example, an employee, or client), I/we declare that the individual has been or will be made aware of that fact and the section in the Policy on "The way we handle your personal information".
- I/We also confirm that the undersigned is/are authorised to act for and on behalf of all persons who may be entitled to indemnity under any policy which may be issued pursuant to this Proposal form and I/we complete this Proposal form on their behalf.

Full name(s) _____
Position(s) _____
Signature _____ Date ____ / ____ / ____

Any questions? Please contact us on 1800 625 625 (9 am – 5 pm (AEST), Monday to Friday).

How to submit your application:

Please scan and email your completed application to your local IPA office below.

New South Wales & Australian Capital Territory e nswdivn@publicaccountants.org.au	Queensland e glldivn@publicaccountants.org.au
South Australia & Northern Territory e sadivn@publicaccountants.org.au	Tasmania e tasdivn@publicaccountants.org.au
Victoria e vicdivn@publicaccountants.org.au	Western Australia e wadivn@publicaccountants.org.au

An Important Notice to the Applicant ‘Claims Made’ Contracts of Insurance

Please read and retain in your file.

The proposed insurance is issued on a ‘claims made’ basis.

This means that the policy responds to:

1. claims first made against the insured during the policy period and notified to CGU Professional Risks during that policy period, providing that the insured was not aware, at any time prior to the policy inception, of circumstances which would have alerted a reasonable person in the insured’s position that a claim may be made against the insured; and
2. ‘claims circumstances’ notified pursuant to Section 40 (3) of the Insurance Contracts Act which states:

‘where the insured gave notice in writing to the insurer of facts that might give rise to a claim against the insured as soon as was reasonably practicable after the insured became aware of those facts but before the insurance cover provided by the contract expired, the insurer is not relieved of liability under the contract in respect of the claim, when made, by reason only that it was made after the expiration of the period of insurance cover provided by the contract’.

After policy expiry, no new claims can be made on the expired policy even though the event giving rise to the claim may have occurred during the policy period.

If during the policy period you become aware of circumstances which a reasonable person in your position would consider may give rise to a claim, and which you fail to notify to us during the policy period, we may not cover you under a subsequent policy for any claim which arises from these circumstances.

When completing the proposal you are obliged to report and provide full details of all circumstances of which you are aware and which a reasonable person in your position would consider may give rise to a claim.

It is important that you make proper disclosure (see **Duty of Disclosure**, below) so that your cover under any new policy with us is not compromised.

Pursuant to the *Insurance Contracts Act* your duty to disclose all relevant information is set out below.

Duty of Disclosure

Before entering into a contract of general insurance, you have a duty, under the Insurance Contracts Act, to disclose to us every matter that you are aware of, or could reasonably be expected to be aware of, that is relevant to our decision about insuring you and if so, on what terms. You have the same duty to disclose these matters to us before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter –

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know or, in the ordinary course of our business, ought to know;
- as to which compliance with your duty is waived by us.

You should note that your duty continues after the proposal form has been completed until the policy is entered into.

Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the policy in

respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

Retroactive Liability

The proposed insurance may be limited by a retroactive date either stated in the schedule or endorsed onto the policy. Where the retroactive cover provided by the proposed policy is subject to such a date, then the policy does not cover any claim arising from actual or alleged act, error, omission or conduct occurring prior to such retroactive date.

Average Provision

One of the insuring provisions of the proposed insurance may provide that where the amount required to dispose of a claim exceeds the limit of the sum insured in the policy then CGU Professional Risks shall be liable only for a proportion of the total costs and expenses. This shall be the same proportion of the total expenses as the policy limit bears to the total amount required to dispose of the claim.

Surrender of Waiver of any Right of Contribution or Indemnity

If another person or company is liable to compensate you or hold you harmless for part or all of any loss or damage otherwise covered by our policy, but you agree with that person or company (either before or after the inception of our policy) that you would not seek to recover any loss or damage from them, we will not cover you for this loss or damage.

CGU Professional Risks Contacts
CGU Insurance Limited ABN 27 004 478 371

Adelaide 80 Flinders Street Adelaide SA 5000 Tel (08) 8425 6650 Fax (08) 8425 6592	Melbourne 181 William Street Melbourne VIC 3000 Tel (03) 9601 8700 Fax (03) 9602 5255	Sydney 388 George Street Sydney NSW 2000 Tel (02) 8224 4655 Fax (02) 8224 4030
Brisbane 189 Grey Street South Brisbane QLD 4101 Tel (07) 3135 1566 Fax (07) 3135 1564	Perth 46 Colin Street West Perth WA 6005 Tel (08) 9254 3750 Fax (08) 9254 3751	Website: www.cgu.com.au/professionalrisks
