Declaration Form

1. During the past five years, have you, or any other entity to be insured under this insurance, had any loss, proceedings, notice, complaint, claim or prosecution made against you, or any fine imposed? (Include all matters, irrespective of whether any insurance was in force and irrespective of any policy excess.)

   YES/NO

   If 'Yes', please provide details below or attach your prior insurer's claims experience(s) and tick to indicate enclosure.

   _____
   _____
   _____
   _____
   _____

2. After enquiry, are there any claims currently pending against you, or any other person or entity to be insured under this insurance, or are you aware of any circumstances that could give rise to a claim under the proposed insurance?

   YES/NO

   If 'Yes', please provide full details.

   _____
   _____
   _____
   _____
   _____

3. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct?

   YES/NO

   If 'Yes', please provide full details.

   _____
   _____
   _____
   _____

Declaration

I/We declare, on behalf of all proposed insureds, that:

(a) All answers and statements in this proposal are correct and complete in every respect and there is no further information which may affect acceptance of the proposal.

(b) If accepted by QBE, this proposal and declaration, and any other material which I/we have provided to QBE, shall be incorporated into and form the basis of the contract of insurance.

(c) I/We understand that QBE requires this information (which will be retained by QBE) in order to decide whether or not to accept this proposal, and also that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.

(d) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any party, information that is, in QBE's view, relevant to this proposal.

(e) I/We understand that the insurance will not be in force until this proposal has been accepted and cover confirmed by QBE.

Note: Signing this proposal and any supplementary questionnaires does not bind either the applicant or QBE to complete the contract of insurance.

Signed by applicant…… Date: ……..

Printed name…….. Position……..