

Please answer all questions fully using additional sheets if necessary, and enclose copies of all relevant documentation.

Please do not include any statement that could be construed as an admission of liability.

Mail, fax or email the completed form to:

Vero Insurance Limited
Liability & Profin Notification Centre
GPO Box 3710, Sydney, NSW, 2001
Phone: 02 8121 3426
Fax: 02 8121 0791
Email: liabilityprofin@vero.com.au

Details of Insured

Full name and address of Insured			
	State	Postcode	
Contact person			
Policy/Certificate No.			
Telephone Number	()	Facsimile Number	()

We also require the following information relating to the Insured's taxation status. If we are not advised it will be assumed that the Insured is unregistered and hence, upon settlement, the Insured may become liable to the ATO for 1/11th of the amount paid by Vero Insurance Ltd. This liability is NOT insured by Vero Insurance Limited.

Is the Insured registered for GST purposes? Yes No

What is the Insured's ABN?

If the insured is registered for GST and has an ABN:

a) Is the insured entitled to claim an ITC on the GST applicable to this policy? Yes No

b) If yes, and the amount of the ITC is less than 100% of the GST applicable to the premium, please advise the percentage: %

Details of Insured's contract or retainer

1. Was your contract/retainer for services evidenced in writing? Yes No

If Yes, please attach a copy

If No, please provide details:

2. When did you perform the work out of which the claim arises or may arise?

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Details of the claim or circumstance

3. Please provide the full name and address of the Claimant or potential Claimant:

	State	Postcode

4. Please detail the nature of the claim or circumstance that may give rise to a claim:

5. On what date did you first become aware of such claim or circumstance?

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6. Was the first intimation of a claim in writing?

Yes No

If Yes, please attach a copy

If No, please give a "first person" account:

7. What amount, if any, is claimed ?

\$

Additional information

8. Please provide any additional background information that may assist in our understanding of this matter:

9. Please provide your opinion on the amount claimed or best estimate of the claim or potential claim:

Declaration

I/We hereby declare that the foregoing statements are true and correct:

Signature of
Principal/Partner/Director

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Date

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