

PREVIOUS BUSINESS COVER APPLICATION

Nova Underwriting Pty Ltd
ABN 42 127 786 123 / AFSL 324767

IMPORTANT

This form must be completed and signed by the people ["You/Your"] who have left the previous business and joined the Insured. This form must also be signed by a principal, partner or director of the Insured.

1.0 Name of Your previous business:

2.0 Describe the professional services offered by Your previous business:

3.0 Annual revenue of Your previous business:

\$

4.0 Please supply the following details:

YOUR NAME	AGE	QUALIFICATIONS	DATE QUALIFIED	TIME AT	
				PREVIOUS BUSINESS	CURRENT BUSINESS

5.0 Are You entitled to cover under the PI policy held by Your previous business?

Yes

No

5.1 If "Yes", please provide details, including the sum insured under that PI policy:

5.2 If **“Yes”**, is cover only sought in excess of the sum insured under that PI policy? Yes No
 If **“No”**, please explain why, and how you envisage this PI policy interacting with that PI policy:

6.0 Are there any formal or informal agreements or indemnities between You and the Insured OR between You and Your previous business, about claims arising from Your previous business? Yes No
 If **“Yes”**, please attach details.

7.0 Has anyone from Your previous business contacted You, or the Insured, about any claims or potential claims arising at Your previous business since Your departure? Yes No
 If **“Yes”**, please attach details.

8.0 Have You disclosed to the Insured:

8.1 Details of any agreements or indemnities [if any] referred to in 6.0? Yes No

8.2 Details of any claims or potential claims [if any] arising from work done by You at Your previous business? Yes No

9.0 In relation to Your previous business, AND AFTER CONTACTING YOUR PREVIOUS BUSINESS:

9.1. Are You aware of any complaints made by any client of Your previous business about Your work? Yes No

9.2. Have any claims for negligence or breach of professional duty ever been made against You or Your previous business arising from: Yes No

9.2.1 Your work Yes No

9.2.2 Work performed by others Yes No

9.3. Are You aware of any circumstances or incidents that could give rise to a claim against You from Your previous business? Yes No

If **“Yes”** to any of the above questions, please provide the following details in respect to each matter.

YOUR NAME	NAME OF CLAIMANT OR POTENTIAL CLAIMANT	BRIEF DESCRIPTION OF CLAIM/CIRCUMSTANCE	ESTIMATE OF POTENTIAL LIABILITY

- **NOTE : WE WILL NOT COVER CLAIMS OR ACTIONS ARISING OUT OF ANY MATTER OR CIRCUMSTANCES REFERRED TO IN THE ABOVE QUESTIONS, REGARDLESS OF WHETHER SUCH MATTERS OR CIRCUMSTANCES WERE DISCLOSED OR NOT.**
- **PLEASE ATTACH A COPY OF ANY COMPLAINTS REGISTER MAINTAINED BY YOU OR YOUR PREVIOUS FIRM.**

DECLARATION

Each signatory declares:

That the information supplied in this application [and any attachments relating to it] is true and correct.

That the signatory understands and acknowledges that Nova Underwriting Pty Ltd relies on the information contained in the declaration [and any attachments relating to it] in determining whether to offer Previous Business cover, and if so, on what terms.

YOUR NAME[S]:

Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>

PARTNER / PRINCIPAL / DIRECTOR OF THE INSURED [NOT BEING ONE OF THE ABOVE]:

Name	<input type="text"/>	Position	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>