

**Gov Audits Insurance Policy  
Application Form**  
[www.govaudits.co.nz](http://www.govaudits.co.nz)

Your firm's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Responsible Partner's name: \_\_\_\_\_

Responsible Partner's email address: \_\_\_\_\_

Your insurance broker's name & suburb: \_\_\_\_\_

**NOTE. If your firm currently has or in the last 5 years has offered clients some form of audit protection or insurance, please also complete Page 2.**

In signing this Application Form:

1. Your firm is instructing your insurance broker to establish a Gov Audits insurance policy.
2. Your Gov Audits insurance policy will reimburse your firm for professional fees incurred to assist your subscriber clients respond to or defend against any form of government inquiry, investigation, review or audit on previously lodged returns.
3. Your firm has read the Gov Audits insurance policy; understands the process; and noted the scope of cover provided. Where your firm offers clients a wider scope of Audit Management Service, this will be offered at your firm's cost.
4. When a government inquiry, investigation, review or audit occurs, your firm must complete a Claim Form (following the instructions) and lodge with International Underwriting Agencies Ltd ('IUA') within 1 month. Your firm will utilise staff and resources relevant to the type of audit being undertaken and charge your standard hourly rates so that the professional costs incurred are fair and reasonable. Your firm will provide relevant documentation and information required to process claims as noted on the 'Claims Advice' form. Any abuse of your Gov Audits insurance policy in terms of lodging false claims or profiteering may entitle QBE to terminate your Gov Audits insurance policy. If your Gov Audits insurance policy is terminated, your firm can no longer offer Audit Management Service to clients. Existing clients will continue to have access to Audit Management Service until their subscription period expires.
5. Your firm is also authorising IUA to engage related company, SME Services Ltd ('SMES'), to manage the subscription based Audit Management Service on behalf of your firm. SMES will email operational instructions in due course.

Gov Audits is underwritten by QBE Insurance (International) Limited ('QBE'). IUA manages the Gov Audits insurance facility under authorities given by QBE. IUA is acting as an agent of QBE and not as your agent. IUA has no claims approval authority.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail/fax the signed Gov Audits Application Form to your insurance broker who will arrange for the issuance of the policy document.

**Gov Audits Insurance Policy  
Supplementary Form**  
[www.govaudits.co.nz](http://www.govaudits.co.nz)

Where your firm currently has or in the last 5 years offered clients some form of audit protection or insurance, please complete this Supplementary Form.

Your firm's name: \_\_\_\_\_

Which years, over the last 5 years, did your firm hold offer audit protection or insurance? *(Tick which years.)*

2001     2002     2003     2004     2005

Did your firm 'self insure'?: YES  NO . If 'NO', who was/were the insurer(s)?

\_\_\_\_\_  
*(If more than one insurer, indicate which years.)*

Please indicate approximate amount of client fees received or premium paid for each year ticked above.

2003 \$ \_\_\_\_\_ 2004 \$ \_\_\_\_\_ 2005 \$ \_\_\_\_\_ 2006 \$ \_\_\_\_\_ 2007 \$ \_\_\_\_\_

Please indicate loss ratio for each year ticked above. *(The Insurer may seek validation of these loss ratios.)*

2003 \_\_\_\_\_%    2004 \_\_\_\_\_%    2005 \_\_\_\_\_%    2006 \_\_\_\_\_%    2007 \_\_\_\_\_%

All answers and information given on this Supplementary Form and on any attachments are in every respect correct. If answers and information aren't correct, QBE may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non disclosure is fraudulent, QBE may also have the option of avoiding the contract from its beginning.

You also acknowledge that no insurance is in force until the Application & Supplementary Forms have been accepted by International Underwriting Agencies Ltd, unless a hold covered instruction or cover note is in force.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please attach to Page 1.