

**Instructions for completing this Supplementary Proposal Form**

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
3. Reference to Insured in this Supplementary Proposal Form means:
  - the entity or entities named in question 1
  - the past and/or present employees or principals of the entity or entities; and
  - the directors of the entity or entities and all subsidiary entities for whom cover is required.

**Supplementary Proposal Form**

1. Name of all entities to be insured

2. Date that the Proposal Form to which is this is a Supplementary Proposal Form was signed and dated

3. Is the Insured a member of the Franchise Council of Australia (FCA) Yes  No

4. Is the Insured's franchising system accredited by an external third party? Yes  No   
 If Yes, please give details.

5. How many franchisees are in the Insured's system?

6. Does the Insured expect a growth in franchisee numbers within the next twelve months? Yes  No   
 If yes, how many?

7. Does the Insured expect any franchisee closures within the next twelve months? Yes  No   
 If yes, how many?

8. How many franchisee closures have there been in the last three years?.

20 ____	20 ____	20 ____
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. What were the reasons for these closures?

10. Does the Insured have acceptance criteria for new franchisees?

11. Please provide details of all disputes with franchisees taken to mediation and whether a solution was reached.


12. Does the Insured provide specific financial forecasts for prospective franchisees? Yes  No

If yes, does the Insured require each prospective franchisee to sign statements clearly acknowledging that:

- a) each prospective franchisee is to undertake its own investigations, take independent legal and accounting advice and will not rely on the written material provided by the master franchisee and/or franchisor Yes  No
- b) all financial statements provided by the master franchisee and/or franchisor are samples only and do not amount to forecasts Yes  No

Please attach copies of all financial samples or packages provided to prospective franchisees.

**Additional information required:**

- The Insured's latest full consolidated audited annual report
- Disclosure documents
- Franchise agreement

**Declaration**

I/We the undersigned duly authorised person(s) declare that:

- I am/we are authorised by each of the Insured to sign this Supplementary Proposal Form; and
- the above statements are correct, true and complete; and
- no information material to this Supplementary Proposal Form has been withheld; and
- I/we have read the **important facts** which you have put before me/us in the Professional Indemnity Proposal Form and I/we understand the advice given in relation to the **duty of disclosure**; and
- I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal Form and otherwise made by me/us in relation to this insurance; and
- except where indicated to the contrary, I/we understand that any statement made in this Supplementary Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- I/we have read Vero's Privacy Statement which you have put before me/us in the Professional Indemnity Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement; and
- I/we acknowledge that this Supplementary Proposal forms part of the Professional Indemnity Proposal Form signed and dated on the date disclosed in question 2.

Signed

Name of Partner(s) or Director(s)

On behalf of\*

Date