



IBL Ltd T/As Tasman Underwriting Level 21, 41 Exhibition Street, Melbourne Vic 3000 ABN 65 005 754 718 AFSL 231203 Telephone: 1800 234 338

Email: enquiries@tasmanuw.com.au

Insurance Agents/Brokers Addendum

Your AFS Licence No:

1. Please detail the approximate p	ercentage of your	commission/brokerage,	insurance or of	ther consulting fee	s derivec
from the following fields of work.					

Type of Work	%	Type of Work	%
General Insurance Broking	%	General Insurance Agency	%
Authorised Representative of General and/or Life Insurance Broker	%	Authorised Representative of General and/or Life Insurer	%
Life Insurance Agency	%	Underwriting Agency	%
Life Insurance Broking	%	Risk Management	%
Reinsurance Broking		TOTAL	100%

2. Please detail the approximate percentage of the total premium income placed with insurers for the following classes of business:

Type of Work	%	Type of Work	%
Property (including business packages)	%	General Accident	%
Workers Compensation	%	Motor (carrying capacity under 10	%
Compulsory Third Party	%	tonnes) Marine	%
Professional Liability/Directors & Officers etc	%	Heavy Motor (carrying capacity	%
		over 10 tonnes)	
Aviation	%	Credit Insurance	%
Livestock/Bloodstock	%	TOTAL	100%

3. Please complete the following table:

	Premium Income	Commission/Brokerage	Fees
Next Year (est)	\$	\$	\$
Current Year	\$	\$	\$
Last Year	\$	\$	\$

4. Do you hold a binding authori	ty with any insurer (including cover note	e books or "immediate issue" policy pads)? YES
If yes please provide details as	follows:	
Class of Business	Name of Insurer	Maximum Limits
5. State approximate percentag	e of commission/brokerage derived fro	om binders: %
6. Are you authorised to settle cl		YES NO

ta	sman underwriting						
7.							
	If Yes, please supply details:				153 []	NO L	
8.	Is it your practice to provide clier If No, how do you ensure that yo					NO 🗌	
9.	Do you have any on-line facilities contracts or for issuing policy do			outer systems for t	he purpose of arro	anging insurance NO 🏻	
10.	If Yes, please supply details inclu	ding the	percentage of total premi	ium written throug	gh such facilities.		
11.	Do you place business with insure operate in Australia (ie unauthor			cies or other interr	nediaries) who ar YES 🗌	re <u>not</u> licensed to NO 🗌	
12. (a)	If Yes: please provide full details of thes	e insurer	rs and the classes of insuran	ce placed.			
(b)	do you always fully comply with a If Yes, please attach a sample co If No, please explain.					84? NO 🗌	
13.	Do you engage any Authorised R If Yes, please answer (a), (b), (c)				YES 🗌	NO 🗆	
(c)							
(c)	Name(s)of Authorised Representative(s)	Age	Qualifications	Insurance Expe	rience		
(c)	Name(s)of Authorised			Insurance Expe	rience		
(c)	Name(s)of Authorised	Age	Qualifications				
	Name(s)of Authorised Representative(s)	Age d contro	Qualifications Ol/supervise your Authorised	Representative(s).	eŝ Po □	
(d)	Name(s)of Authorised Representative(s) Please outline how you select an	Age d contro	Qualifications Ol/supervise your Authorised rative(s) to maintain their over the for the actions of any Authorise of the actions of the acti	Representative(s). demnity insurance YES ntative(s),	_	
(d)	Name(s) of Authorised Representative(s) Please outline how you select an Do you require your Authorised Re	Age d control epresent	Qualifications Ol/supervise your Authorised rative(s) to maintain their over the first type for the actions of any Authorised Representative(s) to be not	Representative(s wn Professional In- thorised Represer amed/covered ur	demnity insurance YES ntative(s), nder your policy? YES	NO 🗌	
(d) (e) (f)	Name(s) of Authorised Representative(s) Please outline how you select an Do you require your Authorised Re Your policy will cover your vicario however, do you require your Au	Age d control epresent us liabilit thorised d Represent stateme on alter be mmediat If of all	Qualifications Ol/supervise your Authorised that I/We have between the date of this Actions who may be entitled to the Underwrite persons who may be entitled.	thorised Represertamed/covered under the suppressed dendum and the thorised I/We also contilled to indemnit	demnity insurance YES ntative(s), nder your policy? YES m. or mis-stated any e inception date nfirm that I/We a	NO NO facts, of the m/are	
(d) (e) (f) I/W and productions autients autien	Name(s) of Authorised Representative(s) Please outline how you select an Do you require your Authorised Re Your policy will cover your vicario however, do you require your Authorised If Yes, we require each Authorised that should any of this informatic posed insurance, I/We will give ir horised to act for and on beha	Age d control epresent us liabilit thorised d Represent stateme on alter be mmediat If of all	Qualifications Ol/supervise your Authorised that I/We have between the date of this Actions who may be entitled to the Underwrite persons who may be entitled.	thorised Represertamed/covered under the suppressed dendum and the thorised I/We also contilled to indemnit	demnity insurance YES ntative(s), nder your policy? YES m. or mis-stated any e inception date nfirm that I/We a	NO NO facts, of the m/are	
(d) (e) (f) I/W and productions autients autien	Name(s) of Authorised Representative(s) Please outline how you select an Do you require your Authorised Re Your policy will cover your vicario however, do you require your Authorised If Yes, we require each Authorised that should any of this informatic posed insurance, I/We will give ir horised to act for and on beha irrance and that I/We complete the me(s) of Firm:	Age d control epresent us liabilit thorised d Represent stateme on alter be mmediat If of all	Qualifications Ol/supervise your Authorised that I/We have between the date of this Actions who may be entitled to the Underwrite persons who may be entitled.	thorised Represertamed/covered under the suppressed dendum and the thorised I/We also contilled to indemnit	demnity insurance YES ntative(s), nder your policy? YES m. or mis-stated any e inception date nfirm that I/We a	NO NO facts, of the m/are	