

INSOLVENCY APPOINTMENT FORM

Please return to: John Dusza
 Professional Risk Managers (PRM)
 Fax: 02 8270 4451 or
 Email: jdusza@prmanagers.com.au

Date of Appointment:	
Company Name(s):	
ACN / ABN:	
Name(s) of Appointee(s):	
Type of Appointment:	<input type="checkbox"/> VA <input type="checkbox"/> R&M <input type="checkbox"/> Liq. <input type="checkbox"/> PL <input type="checkbox"/> BT Other:
Type of Business:	
Principal Address:	
Practitioner Contact:	
Contact Telephone No:	
Contact Email Address:	
Trading Status:	
Trading:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Turnover (P.A.):	<input type="checkbox"/> Up to \$1M <input type="checkbox"/> \$1M-\$5M <input type="checkbox"/> \$5M-\$20M <input type="checkbox"/> \$20M+
Asset Values (P.A.):	<input type="checkbox"/> Up to \$200K <input type="checkbox"/> \$200K-\$1M <input type="checkbox"/> \$1M-\$10M <input type="checkbox"/> \$10M+
No. of Employees:	<input type="checkbox"/> 1 - 10 <input type="checkbox"/> 10 - 30 <input type="checkbox"/> 30 - 50 <input type="checkbox"/> 50+
Trading Locations:	<input type="checkbox"/> ACT <input type="checkbox"/> NSW <input type="checkbox"/> NT <input type="checkbox"/> Qld <input type="checkbox"/> SA <input type="checkbox"/> Tas. <input type="checkbox"/> Vic. <input type="checkbox"/> WA <input type="checkbox"/> NZ <input type="checkbox"/> Asia <input type="checkbox"/> USA <input type="checkbox"/> Europe
Is an OH&S Report Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a P&E Valuation Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a L&B Valuation Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Appointment Insurance Details

General Program - Insurer &/or Broker: _____

Workers' Compensation - Insurer &/or Broker: _____

We hereby appoint PRM as insurance brokers and consultants to all facets of the insurance program and authorise them to inspect policies and act on our behalf. The appointment also authorises IAA to alter and/or cancel any policies as they see fit.

Signature: _____

Date: ____ / ____ / ____

Name: _____

Capacity: _____