

ERRORS AND OMISSIONS ADDENDUM

Level 5, 97-99 Bathurst Street, Sydney NSW 2000
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 Phone: (02) 9307 6600
 Fax: (02) 9307 6699



Please note: This Policy will not cover pure financial loss (i.e. financial loss that is not consequent upon Personal Injury or Property Damage). Please refer to the Policy wording for coverage details.

Please provide a detailed description of Your professional activities which are required to be covered by this Policy.

Professional Business activity	% split	Last year's gross fees	This year's gross fees	Year activity established	Other comments (incl. qualifications and experience of staff providing professional Business activity)
	%	\$	\$		
	%	\$	\$		
	%	\$	\$		
	%	\$	\$		
	%	\$	\$		
	%	\$	\$		
	%	\$	\$		
Are written disclaimers included with the advice or service You provide?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do You require retroactive cover which may be subject to an additional premium?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Retroactive cover extends cover under the Policy to liability arising from work carried out prior to the inception of the Policy to which this Proposal relates. There will be no cover for claims arising from a known circumstance(s) as exists at the time of the Policy's inception.					
Please state date from which retroactive cover is required:					/ /
Do You have any professional indemnity insurance cover currently in place for these activities? If "Yes", please state:					<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Name of the Insurer					
b) Limit of Liability					
c) Excess					
d) Expiry date of the Policy					
e) Retroactive date					
f) Comments					
Have any claims been made against the Business for professional negligence, error or omission in the last 5 years? If "Yes", please provide further details of the claim, the claim amount and any payments.					<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the proposer aware, after inquiry, of any circumstances or incident which may give rise to a claim? If "Yes", please provide further details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE CHECK YOUR ADDENDUM CAREFULLY BEFORE SIGNING THE DECLARATION BELOW.

DECLARATION

I acknowledge that:

- 1) All information given on this Errors and Omissions Addendum and any attachment is true and correct.
- 2) This Errors and Omissions Addendum and any attachment will form part of the Proposal.

I / We declare that the above answers are true to the best of My / Our knowledge and belief and that all material facts which may affect the assessment of the risk have been disclosed.

Your signature

Your name

Date

Your title