Professional Indemnity Insurance

CLAIMS ADDENDUM

|  |  |
| --- | --- |
| Name of insured |  |
|  | |
|  | |

This addendum attaches to and forms part of the professional indemnity insurance proposal for the above Insured.

Please complete the following for each claim/circumstance:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project name (if applicable) | | | | | | | |  | Address of project (if applicable) | | | | | |
|  | | | | | | | |  |  | | | | | |
|  | | | | | | | | | | | | | | |
| Project description | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Date notified  (to insurer or broker) | | | | | |  | Claimant  (or likely claimant) | | |  | Name of insurer | | |
|  | | | | | |  |  | | |  |  | | |
|  | | | | | | | | | | | | | | |
| Description of claim/circumstance, including details of your involvement | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| Is the matter finalised? | | | | | |  | If still outstanding, please advise the current status | | | | |  | Total cost incurred by Insurer (if known) |
| Yes |  |  | No |  |  |  |  | | | | |  | $ |
|  | | | | | | | | | | | | | | |
| Risk management strategies implemented/action taken to avoid recurrence | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
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I/we hereby declare that the above statements are true and I/we have not supressed or mis-stated any facts and should any information given by me/us between the date of this addendum and the inception of the insurance to which this addendum relates I/we shall give underwriters immediate notice thereof.

To be signed by a Director/Principal of the business.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature | |  | Date |  | |  |
|  | | | | | | |
| Name |  | | | Position |  | |