Professional Indemnity Insurance

CLAIMS ADDENDUM

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

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 |       |