

# HOSTSURE

UNDERWRITING AGENCY

Lvl 5, 97-99 Bathurst Street, Sydney NSW 2000  
 PO Box A2016, Sydney South NSW 1235  
 Ph: (02) 9307 6600 Fax: (02) 9307 6699

## Errors & Omissions Addendum

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 detail

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 activity |
|--------------------------------|---------|------------------------|------------------------|---------------------------|---|
|                                | %       | \$                     | \$                     |                           |   |
|                                | %       | \$                     | \$                     |                           |   |
|                                | %       | \$                     | \$                     |                           |   |
|                                | %       | \$                     | \$                     |                           |   |
|                                | %       | \$                     | \$                     |                           |   |
|                                | %       | \$                     | \$                     |                           |   |
|                                | %       | \$                     | \$                     |                           |   |

Are written disclaimers included with advice or service being provided?  Yes  No

Do You require retroactive cover which may be subject to additional premium?  Yes  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 as at Policy inception.

Please state date from which retroactive cover is required:

Do You have any Professional Indemnity Insurance Cover currently in place for these activities?  Yes  No

If Yes, please state:

- a) Name of the Insurer
- b) Limit of Indemnity
- c) Deductible
- d) Expiry Date of the Policy
- e) Retroactivity Date

Comments

Have any Claims been made against the Company for professional negligence, error or omission in the last 5 years?  Yes  No

If Yes, please provide further details of the Claim, the Claim amount and any payments:

Is the Proposer aware, after enquiry of any circumstances or incident, which may give rise to a Claim?

Yes  No

If Yes, please provide further details:

Please check Your questionnaire carefully before signing the declaration below. This is especially important if the questionnaire is not completed in Your own handwriting.

**Declaration**

I acknowledge that:

- 1) All information given on this Questionnaire and any attachment is true and correct.
- 2) This Questionnaire 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: