

Addendum: Other Insurance

Section 1 - Other Insurance Details

Proposer's / Insured's Name:

Class of Insurance	Insurer	Policy Number	Period of Insurance	Limit of Liability	Not Purchased (tick box)
Directors & Officers Liability					
Management Liability					
Tax audit					
Statutory Liability					
Crime					
Employment Practices Liability					
Public & Products Liability					
Professional Indemnity					
Environmental Liability					
Carriers Liability					
Marine					
Cyber					
Other:					

Declaration

I/We declare and agree that:

1. The information and answers given in this Addendum are complete, true, and correct and that no material facts remain undisclosed.
2. Should any of the information contained in this Addendum change, DUAL will be notified of the changes as soon as practicable.
3. If this risk is accepted by DUAL the information provided in this Addendum will be incorporated into the contract of insurance.
4. DUAL is authorised to disclose information received in this Addendum to its advisers, reinsurers and to other insurers and obtain any information which, in DUAL's opinion, may be relevant to the acceptance of this risk. DUAL may use and disclose your personal information in accordance with the Privacy Statement found at the beginning of the Proposal.

Full name:

Position:

Signature:

Date:

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