

# 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:                         |         |               |                     |                    | [ ]                      |

**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.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:     /     /