





14. Has the Proposer, or any subsidiary, or any director, principal or employee been the subject of any employment related claims (including civil and criminal proceedings)?

No  Yes  If Yes, please provide further details:

15. Has the Proposer, or any subsidiary, or any director, principal or employee been the subject of any employment related claims (including civil and criminal proceedings)?

No  Yes  If Yes, please provide further details:

16. Is the Proposer currently insured for Employment Practices Liability? No  Yes

If Yes, as what date does this policy expire?

## DECLARATION

I declare that I am authorised to complete this Addendum on behalf of the Company and that to the best of my knowledge and belief the statements and particulars in this Addendum are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this Addendum is entered into.

By completing and signing this Addendum you acknowledge, accept and agree that in underwriting and issuing a policy BIA does and will rely on all disclosures, proposals, declarations and representations made by you to BIA.

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Date

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Name of authorised individual/partner/principal/director

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Signature of authorised individual/partner/principal/director

**Sydney**

Tel. (02) 9275 8500  
sydney@berkleyinaus.com.au

**Melbourne**

Tel. (03) 8622 2000  
melbourne@berkleyinaus.com.au

**Brisbane**

Tel. (07) 3220 9900  
brisbane@berkleyinaus.com.au

**Perth**

Tel. (08) 6488 0900  
perth@berkleyinaus.com.au

**Adelaide**

Tel. (08) 8470 9020  
adelaide@berkleyinaus.com.au