

solution.

Cleaning Contractors General Liability Addendum

Addendum



Important notice

- This Addendum (and any attachments) form part of the Proposal.
- Please answer all questions in full. Where appropriate, please tick the yes or no box that best indicates the Insured's reply.
- If there is insufficient space, please provide further details on the Insured's letterhead.

Insured details

Insured name:

Please provide a breakdown as a percentage of the Insured's gross income for the past 12 months derived from the following fields of work and detail in regard to them:

Activities	%	Details/location
Shopping Centres (during hours)		
Shopping Centres (after hours)		
Other Retail (during hours)		
Schools (during hours)		
Work over 10 metres		

Other cleaning (Please provide further details):

Does the Insured clean food courts?

Yes No

Please list the Insured's 5 largest clients:

1.	
2.	
3.	
4.	
5.	

Further declaration to the Proposal after inquiry

Signing this Addendum does not bind Solution or any insurer to enter into an insurance contract.

After making full and appropriate enquiries, I declare that:

- I am authorised on behalf of the prospective Insured(s) to complete this Addendum
- I have read and understood the Important Information section of the Proposal form
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the Solution Underwriting Agency Pty Ltd Privacy Statement
- I confirm that the statements and information in this Addendum are true and complete
- I understand all information requested in the Addendum is material
- I provide consent consistent with the Privacy Statement outlined in the Important Information section of the Proposal form
- I understand that, until a contract of insurance is entered into, I am under a continuing obligation to immediately inform Solution Underwriting Agency Pty Ltd of any change to the information contained in this Addendum
- I acknowledge that, if a contract of insurance is entered into, the Proposal, this Addendum and any accompanying documents will form the basis of the contract

To be signed by the Insured for whom this insurance is intended for

Signature:

Name:

Position:

Date (DD/MM/YY):

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Underwriting™

Any queries, please contact us

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