

Cleaning Contractors Addendum Questionnaire



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 your reply.
- If there is insufficient space, please provide further details on your letterhead.

Insured details

Insured name:

Please provide a breakdown as a percentage of your gross income for the next 12 months derived from the following fields of work:

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

Other cleaning (Please provide further details):

Details of shopping centres:

Do you clean food courts?

Yes No

Largest 5 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 Notices 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 Notices 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

Insured's name:

Signature principal(s)/partner(s)/directors:

Date:

Any queries, please contact us

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