

# Addendum

## Professional Indemnity Insurance Brokers



### Section 1 | Profession Relation Question

1. Please provide a breakdown of your insurance brokerage income for the past 12 months derived from the following fields of work, by stating the whole amounts in Hong Kong Dollar (\$) and the percentage:

Fees Earned From	Last Financial Year's Percentage Breakdown %	Last Financial Year's Insurance Brokerage Income \$	Current Financial Year's Percentage Breakdown %	Current Financial Year's Insurance Brokerage Income \$
1. Aviation				
2. Commercial Lines (excluding motor)				
3. Commercial Motor				
4. Life/Pensions				
5. Marine Cargo				
6. Marine Hull				
7. Personal Lines (excluding motor)				
8. Private Motor				
9. Investment Linked Products				
10. Reinsurance				
11. Other, please state				
<b>Total</b>	100%			

2. a. Is the PROPOSER a registered Lloyd's Broker? Yes [ ] No [ ]
- b. Does the PROPOSER have any Lloyd's Agency Agreement, Lloyd's Umbrella arrangement or any other for the placement of business in Lloyd's? Yes [ ] No [ ]

If YES, please provide further details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the PROPOSER any binding authority arrangement with an insurer or underwriter so that the PROPOSER has authority to quote rate, change terms or conditions and/or handle claims without referral? Yes [ ] No [ ]

If YES, please provide further details: \_\_\_\_\_

\_\_\_\_\_

4. Does the PROPOSER have placed any insurance with insurers or underwriters outside of Hong Kong? Yes [ ] No [ ]

If YES, please provide further details: \_\_\_\_\_

\_\_\_\_\_

## Section 2 Further Declaration To The Proposal

### **Signing this addendum does not bind the proposer or the insurer to complete this insurance.**

I the undersigned, after enquiry, declare the following:

- I am authorised to complete the above information on behalf of the Insured named in the Proposal.
- I have read this Addendum and the accompanying documents and acknowledge the contents is the same and to be true and complete.
- I agree that this Addendum, together with the Proposal and any other information supplied by us shall form the basis of any contract of insurance effected thereon, and I undertake to inform the insurer of any material alteration to these facts whether occurring before or after completion of such contract of insurance.
- I agree that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal.

Although the signing of this Addendum does not bind the applicants to effect insurance, I acknowledge that the particulars and statements contained in this Addendum and in the accompanying documents shall be the basis of the contract if a policy is issued.

### **TO BE SIGNED BY PARTNER / DIRECTOR OR PRINCIPAL OR EQUIVALENT**

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

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

Signature: \_\_\_\_\_ Date: / /

IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT, PLEASE CONTACT THE BROKER / AGENT, SINCE DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT TO RECOVERY UNDER THE POLICY.