

Section 1 | Profession Relation Question

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

Fees Earned From	Percentage Breakdown %	Last Financial Year's Gross Fees \$	Current Financial Year's Gross Fees \$
Civil and criminal litigation			
Conveyancing and real estate			
Corporate and commercial law			
Corporate finance, capital markets, IPO's, M&A			
Foreign Law			
Intellectual Property			
Personal Law (family, wills, probate etc)			
Shipping and Aviation			
Others, please specify			
Total	100%		

Section 2 | Employee Information

1. Please state the following number of:

- a. Legal Assistants: _____
- b. Consultants: _____
- c. Foreign Lawyers: _____
- d. Locum Practitioners: _____
- e. Non Qualified Admin Staff: _____
- f. Other Staff (specify): _____

Section 3 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:

1. I am authorised to complete the above information on behalf of the Insured named in the Proposal.
2. I have read this Addendum and the accompanying documents and acknowledge the contents is the same and to be true and complete.
3. 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.
4. 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.