

EMPLOYMENT PRACTICES LIABILITY ADDENDUM

1. Name of the Proposer:

2. Number of full time employees: This year:

Last year:

3. Number of part time/casual or temporary employees: This year:

Last year:

4. Have any redundancies or lay-offs taken place over the last 2 years or are any anticipated in the next 12 months? No Yes

5. Does the Proposer always check references when employing people? No Yes

6. Does the Proposer confirm all offers of employment in writing within 7 days? No Yes

7. Has a contract of employment been issued to all employees? No Yes

8. Does the Proposer provide each employee with a job description? No Yes

9. Have written instructions been issued to all employees regarding employment practices including discrimination, harassment, grievance and disciplinary matters? No Yes

10. Does the Proposer have formal internal grievance or complaint procedures in place? No Yes

11. Are progressive disciplinary procedures followed and minuted? No Yes

12. How many employees earn over \$100,000 per annum? No Yes

13. Please confirm the % of employees who are employed outside Australia:

If greater than 10%, please provide further details including numbers and locations:

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.

Date

Name of authorised individual/partner/principal/director

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