

EMPLOYMENT PRACTICES COVER ADDENDUM

a) Please provide the following staffing details:

	This Year	Last Year
i) Total Number of full-time equivalent staff		
ii) Total Number of staff resignations		
iii) Total Number of employer initiate terminations		

b) Please state the number of employees with salaries over \$100,000: #

c) Has the employer had any office closures, consolidations, mergers or acquisitions in the past 2 years which resulted in terminations? If 'Yes' please provide details

d) Does the employer anticipate any office closures, consolidations, mergers or acquisitions in next 18 months which could result in terminations? If 'Yes' please provide details

DECLARATION

I/We the undersigned authorised **Insured Person**, after enquiry declare as follows:

I am / We are authorised by each of the other Applicants to make this Proposal.

I / We have read and understood the **Notice to the Proposed Insured** (page 1)

I / We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.

I / We understand that, up until a contract of insurance is entered into, I am / We are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in the proposal or in the accompanying documents.

Although signing this proposal does not bind the applicant to effect insurance, the Applicant acknowledge that the particulars and statements contained in this Proposal and the accompanying documents shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal and the accompanying documents will be incorporated in the policy.

Signed: Print Name:

Position: **Chairman** Date:

Signed: Print Name:

Position: **Managing Director / Chief Executive Officer**
Date:.....