

---

# Claims or Circumstances Addendum

---

Insured: \_\_\_\_\_

This form attached to and forms part of the proponent's proposal form dated: \_\_\_\_\_

Date Notified: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

Quantum: \_\_\_\_\_ Status: \_\_\_\_\_

Brief description of matter:

Insured: \_\_\_\_\_

This form attached to and forms part of the proponent's proposal form dated: \_\_\_\_\_

Date Notified: \_\_\_\_\_

Name of Claimant: \_\_\_\_\_

Quantum: \_\_\_\_\_ Status: \_\_\_\_\_

Brief description of matter:

**Signed on behalf of Directors**

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