

Declaration Form

1. Name of Insured _____
Occupation _____
Previous Insurer _____ Previous Period of Cover _____
2. Has any Insurer, in respect of any risk you now wish to insure:
- ever declined a proposal
- withheld, cancelled or refused to renew a policy
- imposed a penalty, excess or restriction, or
- declined any claim in respect of insurance held by you, any director or partner or any other company with which you or they have been associated?
If Yes, please give details below (use the back page if necessary) **YES/NO**
- _____
- _____
3. Have you or any director or partner ever committed any criminal offence during the last 5 years?
If Yes, please give details **YES/NO**
- _____
- _____
4. Have you had any Losses (whether insured or not) during the last 5 years, or any Losses over \$10,000.00, incurred by you or any director or partner in respect of any of the types of risks proposed?
If Yes, please give details **YES/NO**
- _____
- _____
5. How long have you been in your current business? _____
6. Please advise your turnover for this business _____ and the number of staff _____

I/we authorise the insurer to give or obtain from other insurers, insurance brokers, Insurance Claims Register Ltd or other party any information relating to this or any other insurance held by me/us or any claim made by me/us.

YOUR DUTY OF DISCLOSURE

Please note you are required to tell us about any other facts which may be relevant to us in considering this declaration and should any fact given above in 2 and 3 change, I/we agree to advise the insurer in writing immediately.

Name _____ Signature _____ Date _____