



DECLARATION FORM

## GENERAL LIABILITY INSURANCE

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Full name and address of Insured:

Business Address:

Web Site Address:

Trade or Business:

Please provide a FULL description of Activities:

Policy Number:

# INFORMATION / ESTIAMTED REQUIRED

2015-2016 Policy Period	
A Actual wages	
B Actual turnover	
C Actual sub-contractor payment	

2016-2017 Policy Period	
A Estimated wages	
B Estimated turnover	
C Estimated sub-contractor payment	

## GENERAL INFORMAITNO REQUIRED (for the 2016-2017 period)

Specify any changes to your "Business" shown in the expiring Contract of Insurance:

Specify any new or discontinued products or services:

Specify any changes to any other information previously given:

Specify any claims, or incidents which may give rise to a claim, against you that may have occurred but not yet been reported to us:

If the requested information is not received by 4.00pm 14 days prior to the expiry of your cover, in accordance with the Insured Contract Act 1984 we hereby (and regrettably must) provide notice of cancellation to take effect at 4.00pm on the expiry date.

#### DECLARATION AND SIGNATURE BY INSURED

I/We hereby declare that the above statements and particulars which We/I have read over and checked are true and that no information has been withheld which might increase the risk or influence acceptance by the Insurers and that should the above particulars alter in any way I/We will advise the Underwriters immediately. I/We have not suppressed, misrepresented or miss-stated any material fact and have fairly estimated our Wages and Salaries expenditure and Turnover and agree that this proposal shall hold promissory and form the basis of the contract between me/us and the Insurers. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the proposal may result in the Insurers refusing to provide indemnity or voiding the policy in every respect. I/We the undersigned agree to render, at the end of each period of insurance, declarations in the form required by the Insurers and to pay any additional premium due in excess of the amount estimated.

Signature of Insureds:

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Date of Declaration:

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