

LIABILITY RENEWAL DECLARATION FORM

Please note that in completing this form you must disclose all material facts which may influence the acceptance or assessment of the risk. If you are in any doubt as to whether any facts are material, you should for your own protection disclose them, as failure to do so could invalidate the insurance.

Full name, including trading name	
Full risk address (inc. postcode)	
Full postal address (inc. postcode)	
Period of Insurance	From: _____ To: _____
Occupation and/or use of the property	
Employers Reference Number	

	Wages £	Turnover	Total £
Non Manual/Clerical		Total annual turnover for all sales	
Premises Manual		Split between:	
Wood Working Machinists		UK	
Manual Work Away– Including Heat		EU	
Manual Work Away– Excluding Heat		ROW Ex USA/ Canada	
Payments to Labour Only Contractors		USA/Canada	
Payments to Bona Fide Contractors		ROW Ex USA/Canada	

I/We declare that the statements and particulars in this form are true and that I/We have not misstated or suppressed any material facts.

I/ We understand by now declaring, misstating or suppressing any material fact on this application could lead to any future claims made on an implemented Insurance Policy based on this to be declined and the claim application not to be paid.

I/We undertake to inform insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.

I/We understand that signing this form does not bind I/We to complete this insurance but agree that should a contract of insurance be conducted, this form and the statements made there in shall form the basis of the contract effected thereon.

Signed:

Date: