

employers liability, statutory liability and employment disputes

For the purposes of your new contract of insurance for the next Period of Insurance you must complete the following questions:

the insured

Insured Name

Description of Business Activities

Turnover/ Fees

Last Year
\$

Estimate this Year
\$

Number of Employees

past claims / incidents

After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:

- (a) Have there been any claims made against you? Yes No
- (b) Have any circumstances occurred or become known to you which may give rise to a claim against you other than those details disclosed on your last proposal/declaration form? Yes No

If the answer to either (a) or (b) is YES, please provide details

You are reminded that:

1. Any material changes to the business during the Period of Insurance must be advised immediately to Vero Liability Insurance Limited.
2. This form must be completed by a person authorised to do so on behalf of the Insured.

Insured's Signature: _____

Title: _____

Date: ____ / ____ / ____

Upon receipt of this completed declaration Vero Liability Insurance Limited reserves the right to request a full proposal form.