

Insurance Statement

Underwriters rely upon this Statement and it is important that enquiries are made with each applicable party described in (i),(ii),(iii) & (iv) below prior to answering the questions and signing the declaration.

It is essential that you make fair presentation of the risk that should include a full and unrestricted disclosure including every material fact and circumstance (a material fact or circumstance is material if it would influence the judgement of the Underwriter when considering whether to accept the risk and/or his assessment of the terms, conditions or premium which should be applied).

If you are unsure in any way that your disclosure is complete you should check with your insurance advisor. In the event you fail to make a full unrestricted disclosure Underwriters may refuse to pay your claim, pay only part of your claim, and/or void your policy.

This statement will be considered together with the presentation of risk that you and your insurance advisor have provided to the Underwriter. If the answers or information you have provided change during the period of insurance you should notify your insurance advisor as soon as reasonably possible as Underwriters may be unable to continue with cover.

History

Please review the questions in respect of the parties described in (i) (ii) (iii) & (iv). If you feel unable to answer a question(s) accurately or have a material fact or circumstance(s) to disclose please provide full details in the additional information box below

It is true that

- (i) You or any family member(s) that reside at or use the insured premises or are involved in the business
 - (ii) Any Director or Partner
 - (iii) Any person (s) with a beneficial interest of 25% or more in the business (other than mortgagees)
 - (iv) Any person with management control of the insured entity (other than professional letting agents you have contracted to manage the property).
- a) Have not during the last five years under any other insurance policy made a claim(s), incurred a loss, damage or liability whether insured or not at these premises or any other location (other than claims made against motor / travel / pet and health policies)?
 - b) Have not been convicted of, cautioned or have a prosecution pending for any criminal offence other than motoring offences?
 - c) Have not been prosecuted or been subject to prohibition or improvement notices under the Health and Safety at Work Act?
 - d) Have not been a director of a company or partner of a business that:
 - i) Went into liquidation, administration, or was subject to an insolvency process or scheme of arrangement with creditors?
 - ii) Incurred a County Court judgment(s) that remains unsatisfied?
 - e) Have not been declared bankrupt, incurred a County Court judgment(s) that remains unsatisfied or entered into an individual voluntary arrangement with creditors?
 - f) Have never had insurance cover refused, cancelled or had special terms imposed?

If you are unable to agree with any of the statements above or you have been unable to answer a question accurately, please contact us immediately.

Declaration

The information you have provided in this statement together with the presentation of risk contains statements and facts that the underwriter will rely upon when deciding whether to accept this insurance and the terms offered including the amount of premium payable.

If you are in any doubt as to the completeness and accuracy of the statements and facts you are providing you should consult with your insurance advisor.

During the period of the insurance you must tell your insurance advisor as soon as reasonably possible if you become aware that any of the statements and facts that you have provided have changed.

I / We declare that

- i. The statements and facts given are true and accurate.
- ii. If any statement or fact has been written by any other person, such person shall for that purpose be regarded as my/ our agent and not the agent of the Underwriters.
- iii. I am duly authorised to sign this statement on behalf of the proposer.
- iv. I / we are permanently domiciled in Great Britain, Northern Ireland, The Channel Islands or the Isle of Man.

Authorised signatory	
Name in full	
Capacity	
Dated	

You do not have to return this form

If you are satisfied that the information set out in this form is correct and you have disclosed all the relevant details, you do not need to return this document. Please keep it in a safe place with your policy documents.

If any of the details are incorrect or anything is unclear, you must inform your insurance broker within seven days and they will advise you if the changes(s) affect the acceptability and/or premium of this insurance.