

Public & Products Liability



Renewal Declaration

POLICY INFORMATION

Full name of insured and trading name (if applicable)

First Name

Last Name

Trading Name (e.g. Company Name Pty Ltd)

Policy Number

Policy Number

Expiry Date

INFORMATION / ESTIMATES REQUIRED

2014-2015 Policy Period

A Actual wages

B Actual turnover

C Actual sub-contractor payments

2015-2016 Policy Period

A Estimated wages

B Estimated turnover

C Estimated sub-contractor payments

GENERAL INFORMATION REQUIRED (for the 2015-2016 period)

Specify any changes to your "Business" shown in the Schedule.

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 Insurance Contracts 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 PROPOSER

On behalf of the insured, I / we declare that the answers given herein are in every respect true and correct. I / we have not withheld any information likely to affect the renewal of this insurance and that I / we have read and understood the policy document.

I / we have sought clarification of any aspects of this form or the insurance to which this declaration applies, that I / we did not understand.

Signed

Dated