

CHANGE OF NAME / INTEREST DECLARATION (continued)

5	Have you or any director or partner ever had any claim made against you in the last 5 years (whether insured or not) in respect of the insurances for which you are now proposing?	Yes	No
---	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----	----

If "Yes" please provide details below:		
Date	Detail of Claim	Amount

6	I/ We confirm that all other material facts disclosed in the original proposal form dated _____ in the name of _____ remain the same other than wages, turnover, employee numbers and subsequent claims history.
---	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NAME IN CAPITALS:

POSITION:

SIGNED:

This declaration must be signed by an authorised representative of the company such as Partner, Director or Company Secretary

DATE: