

CHANGE OF NAME / INTEREST DECLARATION

Name of Client:
Policy No:

IMPORTANT: PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS IN FULL AND WHERE APPLICABLE TICK THE APPROPRIATE BOX

1	New title of the Insured (including any trading names):		
	(where the company is not limited we must have the names of all the partners)		
2	Please name any new partners or directors or insert "none" as applicable:		
3	Have the you or any director or partner:	Yes	No
	a) been convicted of or charged (but not yet tried) with a criminal offence other than a motoring offence?		
	b) been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade?		
	c) had any insurance declined, cancelled, refused, renewal refused or had any special terms applied by any insurer for the risks and/ or covers to be insured?		
	d) been prosecuted under the Health & Safety at work Act or any other legislation relation to the health and safety of your employees or member so of the public?		
4	If either of the shaded boxes in questions 3a) to 3d) above have been ticked please provide full details here:		

(Continued)



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
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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.
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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: