

RENEWAL DECLARATION

PUBLIC & PRODUCTS LIABILITY, EMPLOYERS LIABILITY and STATUTORY LIABILITY

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 past present and potential future Business Activities				
	Last Year		Estimate this Year	
Total Turnover	\$		\$	
Turnover for Products sold	\$		\$	
No. of Employees				

Health & Safety Compliance

Do the Insured Directors/Officers/Principals/Partners regularly review Health & Safety risk assessment and compliance? If the answer is NO, please explain why on a separate page	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Past Claims

After enquiry of all Partners, Principals, Directors, Officers, Trustees and Senior Employees:	
(a) Have there been any claims made against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(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 <input type="checkbox"/> No <input type="checkbox"/>
If the answer to either (a) or (b) is YES, please provide details on a separate page	

You are reminded that:

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

Signed: _____

Title: _____

Date: _____

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

TLC Insurance, TLC House, 1 Forrester Drive, Welcome Bay, Tauranga 3112, PO Box 7006, Tauranga 3148

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