

RENEWAL DECLARATION

General Liability



In association with **Hollard.**

Please answer **ALL** questions completely
Should any question or part thereof not be applicable, please state "N/A"
Should insufficient space be provided, please continue on your company letterhead

Public & Products Liability, Professional Liability and Employers Liability Insurance

1. Name of Insured _____
2. Policy Number _____
3. Physical Address _____
4. VAT Number _____

5. Annual turnover / gross revenue for the past financial year
Estimated turnover for the forthcoming year
Date of financial year end

6. Detailed Business Description

After full enquiry of all directors, partners and employees of the abovementioned company and all subsidiaries, on behalf of him/herself and all such directors and partners, are you aware of claims, circumstances, investigations, legal proceedings or other matters which could give rise to a claim under the above insurance

Yes		No	
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If **YES**, please provide details

Hollard.

Underwritten by The Hollard Insurance Co. Ltd,
an authorised Financial Services Provider

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ITOO is an Authorised Financial Services Provider. FSP No. 47230



After enquiry of all Directors, Partners and Employees of the abovementioned Company and/or subsidiaries, has there been any material changes to the information given in the proposal form / declaration dated

Yes		No	
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D	D	M	M	Y	Y	Y	Y
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If **YES**, please provide details

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DECLARATION

I/We, the undersigned, declare that the statements set forth in this declaration together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible

Name (duly authorised)

Designation

Signature

D	D	M	M	Y	Y	Y	Y
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Date