

# BROADFORM LIABILITY

## No Claims & No Material Changes Declaration



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.

Name of Insured \_\_\_\_\_  
Policy no. \_\_\_\_\_  
Physical address \_\_\_\_\_  
Post code \_\_\_\_\_  
VAT no. \_\_\_\_\_

Total revenue/Fee income Past year: R \_\_\_\_\_ Estimated turnover for the forthcoming period: R \_\_\_\_\_

After full enquiry of all directors, partners and employees of the abovementioned company and all subsidiaries, have there been or are there any claims, circumstances, investigations, legal proceedings or other matters which could give rise to a claim under the above insurance? Yes  No

Since completion of the Broadform proposal form dated 

Y	Y	Y	Y	M	M	D	D
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have there been any material changes to the abovementioned or any subsidiaries? Yes  No

If Yes is answered to either question, please provide full details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Privacy

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

### 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 \_\_\_\_\_ Date 

Y	Y	Y	Y	M	M	D	D
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