

## LIABILITY INSURANCE DECLARATION (FIREARMS TRAINER)

INSURED NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

POLICY NO: \_\_\_\_\_ DUE DATE: \_\_\_\_\_

1. a) What is your current occupation? \_\_\_\_\_  
b) Describe occupation activities? \_\_\_\_\_  
c) Will there be any changes to your activities for the forthcoming period?  Yes  No  
d) If yes, please advise full details \_\_\_\_\_
2. a) What is your actual turnover for the 2017/2018 period? \_\_\_\_\_  
b) What is your estimated turnover for 2018/2019 period? \_\_\_\_\_
3. a) What is your actual wage roll for the 2017/2018 period? \_\_\_\_\_  
b) What is your estimated wage roll 2018/2019 period? \_\_\_\_\_
4. a) Number of firearms trainers? Full Time (\_\_\_\_\_) Part Time (\_\_\_\_\_)  
b) Please name ALL trainers for which insurance cover is required \_\_\_\_\_  
\_\_\_\_\_
5. a) Has any loss, injury or damage occurred that we have not yet been advised of, for which a claim might be made under this policy?  Yes  No  
b) If yes, please advise full details \_\_\_\_\_
6. What is the current status of your claim history over the past five years? (You should advise the relevant underwriter's current record of claims paid and outstanding) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. a) Are there any changes required to the expiring cover or sums insured?  Yes  No  
b) If yes, please advise \_\_\_\_\_
8. a) You have a continuous duty to disclose matters you know to be relevant to the insurers decision to accept this risk. Do you wish to disclose any other matter to us?  Yes  No  
b) If yes, please advise full details \_\_\_\_\_

*Where the answers in this Declaration are not in my/our handwriting, they have been checked by me/us and I/we agree they are correct.*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_