

## LIABILITY INSURANCE DECLARATION (PROFESSIONAL SHOOTERS)

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

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

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

1. a) What is your current occupation? \_\_\_\_\_  
b) Describe occupation activities? \_\_\_\_\_  
c) Do you use poisons or baits?  Yes  No  
d) If yes to question c, please advise:  
Chemicals/poisons used: \_\_\_\_\_  
Storage of chemicals/poisons: \_\_\_\_\_  
What animals are being baited? \_\_\_\_\_
2. a) Will there be any changes to your activities for the forthcoming period?  Yes  No  
b) If yes, please advise full details \_\_\_\_\_
3. a) What is your actual turnover for the 2017/2018 period? \_\_\_\_\_  
b) What is your estimated turnover for 2018/2019 period? \_\_\_\_\_
4. Supply a full list of named shooters for the 2018/2019 period? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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: \_\_\_\_\_