

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 2018/2019 period? _____
b) What is your estimated turnover for 2019/2020 period? _____
3. a) What is your actual wage roll for the 2018/2019 period? _____
b) What is your estimated wage roll 2019/2020 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: _____