

## LIABILITY INSURANCE DECLARATION (GUN DEALERS)

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

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

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

1. a) What is your current occupation? \_\_\_\_\_  
 b) Describe occupation activities? \_\_\_\_\_  
 c) Do you re-load or sell re-loaded ammunition?  Yes  No  
 d) Do you manufacture ammunition?  Yes  No  
 e) Do you Import or Export?  Yes  No  
 f) Do you Import or Export ammunition?  Yes  No  
 g) If yes to questions e or f, please advise the countries imported/exported to/from, the type of goods and the annual turnover derived:
 

Import or Export	Country	Product/Goods	Turnover
<input type="checkbox"/> Import <input type="checkbox"/> Export	_____	_____	_____
<input type="checkbox"/> Import <input type="checkbox"/> Export	_____	_____	_____
  
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 2022/2023 period? \_\_\_\_\_  
 b) What is your estimated turnover for 2023/2024 period? \_\_\_\_\_
  
4. a) What is your actual wage roll for the 2021/2022 period? \_\_\_\_\_  
 b) What is your estimated wage roll 2022/2023 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: \_\_\_\_\_