

directors & officers liability, trustees liability and associations liability

For the purposes of your new contract of insurance for the next Period of Insurance you must complete the following questions:

the insured

**Insured
Name**

material changes

Have there been any material changes to:

- | | | |
|---|------------------------------|-----------------------------|
| (a) the business activities of the Company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) the financial position of the Company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) the capital structure of the Company? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to either (a), (b) or (c) is YES, **or** if there are any changes planned, please provide details

past claims / incidents

After enquiry of all Directors, Officers, Trustees, Principals, Committee Members and Senior Employees:

- | | | |
|--|------------------------------|-----------------------------|
| (a) Have there been any claims made against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Have any circumstances occurred or become known to you which may give rise to a claim against you other than those details disclosed on your last proposal/declaration form? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to either (a) or (b) is YES, please provide details

**** PLEASE ATTACH YOUR LATEST ANNUAL REPORT ****

You are reminded that:

1. Any material changes to the business during the Period of Insurance must be advised immediately to Vero Liability Insurance Limited.
2. This form must be completed by a person authorised to do so on behalf of the Insured.

Insured's Signature: _____

Title: _____

Date: ____ / ____ / ____

Upon receipt of this completed declaration Vero Liability Insurance Limited reserves the right to request a full proposal form.