



DECLARATION FORM

As you are aware it is a policy condition that the Assured shall within one month from the expiry of each Period of Insurance furnish such particulars and information as the Underwriters may require and the premium for such Period shall thereupon be adjusted accordingly, subject to any minimum premium required.

Policy Number:

Policy Holder:

Period of Insurance From:

To:

Employers Liability Declaration Figures

	No of Employees	Wages
Clerical including Commercial Travellers and Managerial staff not included below		£
Working Directors:		£
• Engaged in Manual Labour		£
• Not Engaged in Manual Labour		£
Woodworking Machinists		£
All other employees using Machinery		£
Labour only sub-contractors (materials supplied by you):		£
All other employees – Please detail below:		£
Total		£

Public Liability Declaration Figures

Turnover	£
Payments to Bona-Fide sub-contractors (provide own insurance and own materials).	£

Claims Declaration

I/We confirm that I/We have advised RSA Insurance Ireland Limited of all incidents or accidents which may have given rise or have given rise to a claim.

TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED HEREON IS TRUE AND COMPLETE.

SIGNED: _____

DATE: _____