



LIABILITY DECLARATION

Insured:

Policy Number: **Due Date:**

1. Please state full details of all business activities:
.....
.....

2. Please advise actual turnover for the previous 12 months: \$.....

3. Please advise estimated turnover for the coming 12 months: \$.....

4. Please advise estimated wages for the coming period of insurance: \$.....

5. Do you engage contractors or sub-contractors?: Yes No
If so what is your estimated payments to them: \$.....

6. Do you engage the services of Labour Hire personnel?: Yes No
If so what is your estimated payments to them: \$.....

7. Do you export any goods?: Yes No
If so: a) what goods:
b) Please advise the estimated turnover derived from USA/Canada: \$.....
c) Please advise the estimated turnover derived from elsewhere: \$.....

8. Do you import any goods?: Yes No
If so: a) what goods:
b) Please advise the estimated turnover derived from USA/Canada: \$.....
c) Please advise the estimated turnover derived from elsewhere: \$.....

Signature: **Name:**

Position: **Date:**