

Policy no:	Expiry date:	/	/
Name:			

Financial details

Has there been, or is there pending, any change in the financial position or capital structure of the trust or any outside entity? Yes No
If Yes, please attach full details.

Is any person aware of any facts or circumstances which might affect the ability of the trust or outside entity to meet all its debts as and when they fall due? Yes No
If Yes, please attach full details.

Claims details

After enquiry, are there any claims or circumstances against any trustee of either the trust or any other company, organisation or association? Yes No
If Yes, please attach full details:

After enquiry, is there pending, or are there any circumstances which could give rise to, an investigation, examination, inquiry or other proceedings into the affairs of the trust or any outside entity? Yes No
If Yes, please attach full details:

Limit of indemnity required: \$

Excess: \$

Financial statements

Please ensure that a copy of the latest annual report and financial statements are attached to this renewal declaration.

Declaration

On behalf of all proposed Insureds I/We declare and agree that:

- all information provided, in this proposal or attachments, is true and complete in every respect and that no Material Facts remain undisclosed;
- if this risk is accepted, such information will be incorporated into and form the basis of the contract of insurance;
- I/We understand that Lumley requires this information in order to evaluate this proposal and that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, any information retained;
- Lumley is authorised to disclose information to its advisers, reinsurers, other insurers and parties with a financial interest in the subject matter of this proposal;
- Lumley is authorised to check details against the Insurance Claims Register and to place information on the Insurance Claims Register which other insurers can access;
- Lumley is authorised to obtain from other parties any information which may be relevant to the acceptance of this risk;
- the signing of this proposal does not bind either party to complete the contract and that no cover will be in force until confirmed by Lumley.

Insured(s) signature: _____

Title: _____ Date: / / _____