



Additional Name / Change to Limited Company / Change of Trading Name Declaration

(This form must be completed by all the new partner(s) / director(s))

Policy No: _____ Date of Change: _____
Additional Name / Change Name of Insured / Change of Trading Name _____
Address _____ _____
_____ Postcode _____

Please confirm all the following statements:

I/We have

1. never had any insurance declined, cancelled, renewal refused or any special terms or conditions imposed by an insurer
2. never been convicted of or charged (but not yet tried) with or officially cautioned for a breach of any Health and Safety or Welfare or Environmental Protection legislation or been served with a prohibition or improvement order under health and safety legislation
3. never been convicted of or charged (but not yet tried) with a criminal offences involving dishonesty, arson, theft, or causing wilful damage
4. never been declared bankrupt or insolvent or been the subject of bankruptcy proceedings or insolvency proceedings in the UK, Channel Islands, Isle of Man or the equivalent in any other country
5. never been the owner or director of, or partner in, any business, company or partnership which went into administration, administrative receivership or liquidation, and/or was the subject of any company and/or individual voluntary arrangement with creditors, a winding up order or an administrative order
6. never been the subject of a County Court Judgement (or Scottish, Northern Ireland, Channel Islands, Isle of Man or EU equivalent)
7. never been disqualified from being a company director
8. never been the subject of a recovery action by HM Revenue & Customs or their predecessors

If you are unable to sign this form without alteration please supply full details below:

Signed _____ Position _____ Date _____

Signed _____ Position _____ Date _____

Signed _____ Position _____ Date _____