PRO

1. Insured company:

2. Please state your annual revenue, broken down as follows:

	Domestic Revenue	Other Territory Revenue
Last complete financial year		
Current financial year (estimate)		

3. If you purchased general liability insurance from CFC last year, or would like a quote this year, please state your annual payroll, broken down as follows:

	Non-Manual Work	Manual Work	Hazardous Work
At your premises			
Away from your premises			

4. Please state the number of employees:

5. Have there been any significant changes to your business activities or any of the other information supplied in your last application form?   ☐ Yes   ☐ No

    If yes, please detail any changes to your business activities below or attach details of other changes:

Activity	% of your total revenue
	%
	%
	%

6. If you purchased property insurance from CFC last year, are there any changes to the amounts insured required for this year?   ☐ Yes   ☐ No

    If you did not purchase property insurance from CFC last year, would you like a quote this year?   ☐ Yes   ☐ No

    If yes to either question, please attach details

7. Are you aware of any claims, loss, damage or circumstances which may give rise to a claim against any of the companies to be insured or any partners or directors thereof?   ☐ Yes   ☐ No

    If yes, please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstances and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

DECLARATION

I / we declare that after proper enquiry the statements and particulars given above are true and that I / we have not mis-stated or suppressed any material fact.

I / we agree that this Application Form, together with any other material information supplied by me / us shall form the basis of any contract of insurance effected thereon.

I / we undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract.

Full Name:

Signature:

Position held at Insured:

Date: MM / DD / YY