# **Commercial Crime Insurance Renewal Declaration Form**



### Important Notes

- (A) As your policy approaches renewal date, it is important that the details we hold about you are kept up to date and all material circumstances about the risk are declared. Answer every question fully and if necessary attach separate sheets with information which can be incorporated into your declaration.
- (B) The information provided should include all locations/subsidiaries covered by your policy.

#### (A) General Information

Name of Policyholder:						
Policy Number:		Renewal Date:				
Please complete the following for all locations/subsidiaries covered:						
Employee No's	Actual for past 12 months		hs			
Wage-roll	£	£ Actual for past 12 months				
Turnover / Income	£ Estimated for next 12 n		nonths			
No. of Locations		Actual for past 12 mont	hs			
Are any of your Employees based overseas?			Yes / No			
If 'Yes', are any of the overseas Employees to be included in this cover?			Yes / No			
If 'Yes', please give details including the employee number wage-roll, turnover and location for each operation.						

### (B) Fraud Control Procedures

Have there been any changes to the fraud control procedures previously disclosed?	Yes / No
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If 'Yes', please provide details below.

#### (C) Losses

Have there been any incidents which may give rise to a loss or claim?

If 'Yes', please provide details below.

Date	Location of Loss	Amount

Details of the loss or claim (including measures taken to prevent reoccurrence)

## (D) DECLARATION

I/We declare that the information given is, to the best of my/our knowledge and belief correct and complete. If the risk is accepted I/we undertake to pay the premium when called upon to do so. I/We understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

Signed:		Date:			
Position Held:					
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