



CHANGE OF NAME DECLARATION FORM		
Policy Number:		
Contact Person:		
Contacts Position:		
Original Name of Policyholder:		
Address Line 1:		
Line 2:		
Town:		
County:	Postcode:	
Telephone:	e-mail:	
Please answer each of the following questions in full and where applicable tick the appropriate box:		
1) Please provide the name(s), date of birth and SIA Licence Number for all Owners, Partners or Directors:		
2) Please provide the name of the new Company and date of change:		
3) Have you or any Director or Partner:	Yes	No
a) Been convicted of or charged (but not yet tried) with a criminal offence over that motoring offence?		
b) Been concerned with any business which has been wound up, liquidated, dissolved or ceased to trade?		
c) Had any insurance declined, cancelled, refused, renewal refused or had any special terms applied by any insurer for the risks and/or covers to be insured?		
d) Been prosecuted under the Health & Safety at work Act or any other legislation in relation to the health and safety of your employees or member of the public?		
4) If either of the shaded boxes in questions 3a) to 3d) above have been ticked please provide full details here:		

Please return to: Coversure Insurance Services, 23 Croydon Road, Reigate, Surrey, RH2 0LY
Email: reigate@coversure.co.uk



5) Have you or any Director or Partner ever had any claim made against you or your company in the last 5 years (whether insured or not) in respect of the insurance &/or business activities for which you are now proposing?	Yes	NO
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Can the proposer confirm that:

TO BE COMPLETED BY THE INSURED

INSURANCE DECLARATION

I/We confirm that all other material facts disclosed in the original Statement of Fact/Quote Submission dated the ___/___/201___ in the name of [] remain the same other than turnover, employee numbers and subsequent claims history.

I confirm that the details supplied above are true and complete to the best of my knowledge and belief. This declaration must be signed by an authorised representative of the company such as Partner, Director or Company Secretary.

Name & Signature of Owner/Director:

Date and Position Held: