

DECLARATION

I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect.

I/We accept and understand that any false or incorrect information could severely prejudice and validity of the claim.

Signature of Co-Insured _____

Date _____

D D M M Y Y Y Y

Signature of Insured _____

Date _____

D D M M Y Y Y Y

Capacity _____

DOCUMENTS TO ACCOMPANY YOUR CLAIM:

1.) Replacement quotation(s)

NB: It is important that you notify the insurers immediately if you become aware of any impending prosecution, inquest or demand.