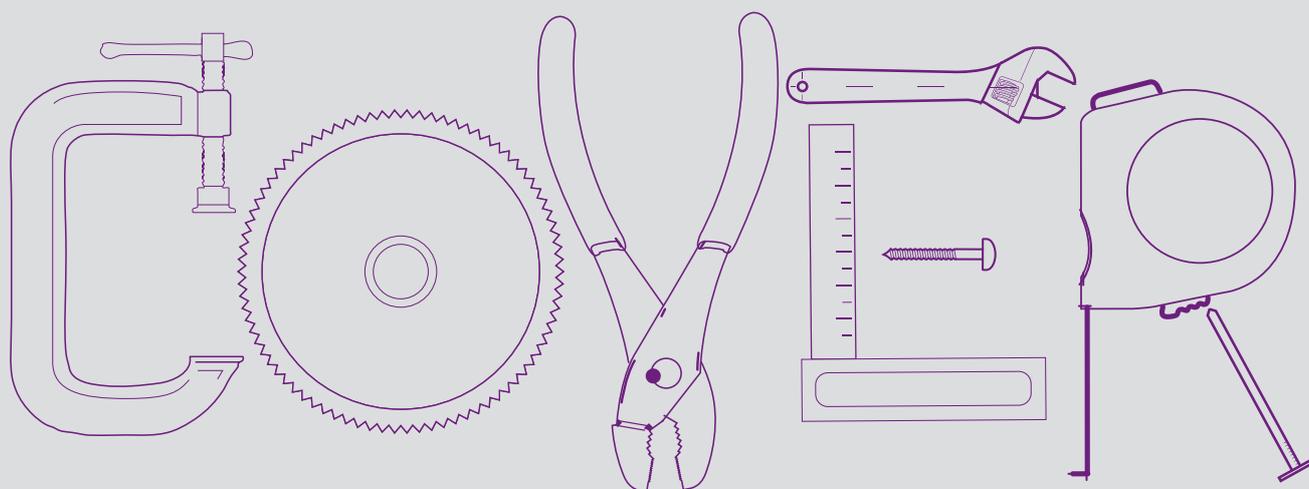


# CONTRACTORS COMBINED STATEMENT OF FACT



THE RIGHT TOOL  
FOR THE JOB

# Contractors Combined Insurance

## Statement of Fact

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Policy number:

If required, a summary of the cover available can be provided by your broker or agent in the form of a Key Facts Document

### Important Note

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You have a duty to present to us a fair presentation of the risk, which you know or ought to know. This Statement of Fact is a record of information provided by you or your broker, intermediary or agent acting on your behalf and any assumptions made about you and/or your business (see below for details)

We assume that you have conducted reasonable searches for all relevant information held:

- within your business (including that held by your senior management and anyone who is responsible for your insurance); and
- by any other person (such as your broker, intermediary or agent or a person for whom cover is provided for by this insurance).

Information regarding the cover and sums insured that you have requested are included in the Policy Schedule and this Statement of Fact.

The information you have provided has been relied upon to calculate a premium and apply terms and conditions upon which insurance cover is offered.

**WARNING** – YOU MUST CHECK ALL THE INFORMATION IN THE SCHEDULE AND THIS STATEMENT OF FACT AND TELL YOUR BROKER, INTERMEDIARY OR AGENT ACTING ON YOUR BEHALF IMMEDIATELY IF ANY DETAILS ARE INCORRECT, INCOMPLETE OR HAVE BEEN OMITTED. FAILURE TO DO SO MAY MEAN THAT YOUR INSURANCE POLICY IS NOT VALID OR THAT ALL OR PART OF YOUR CLAIM(S) WILL NOT BE PAID.

If any changes in circumstances arise during the period of insurance please provide full details to the broker, intermediary or agent acting on your behalf.

If you require a further copy of this Statement of Fact, please contact your broker, intermediary or agent.

### A Insured's Details

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Full Name

Postal Address

Postcode

Subsidiary Companies

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### General Information

The details of information referred to in this section of the form are contained in your policy document

"Risk Address(s), Period of Insurance, Business Description, Period of Insurance, Cover Operative, Third Party Interests in your Insurance (where applicable) detailed in the policy schedule have been provided by your insurance intermediary and form part of this Statement of Fact.

If anything is incorrect, please notify your insurance intermediary immediately.

## B General Questions

X is inserted in the appropriate Yes/No box below and if the answer is **yes** the details supplied to NIG are shown on the D Additional Information page. If any of the information is incorrect please contact your insurance intermediary immediately.

- 1 Have you or:
- i any director or partner in any business,
  - ii any partner in any partnership, or
  - iii any director of any company
- either in the name of the business proposed or in the name of any other business in which any of you have had an interest:
- a ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium required or special conditions imposed by any insurer?
 

Yes  No
  - b sustained any loss or had any claim made against you / them, whether insured or otherwise in respect of any of the insurances required at the risk addresses insured or any previously occupied premises during the last 5 years?
 

Yes  No
  - c ever been convicted of or is any prosecution pending for any offence (excluding any motoring convictions and any offences which are spent under the Rehabilitation of Offenders Act 1974)?
 

Yes  No
  - d ever been the subject of a County Court Judgement and/or ever been cited in any unsatisfied court judgements (or the Scottish equivalent) within the last 10 years?
 

Yes  No
  - e ever been declared bankrupt or insolvent, subject of an individual voluntary arrangement with creditors, voluntary liquidation, a winding up or administration order, or administrative receivership proceedings within the last 10 years?
 

Yes  No
- 2 Have you been in business for less than 3 years? Yes  No
- 3 Do you or any directors or partners engage in any other business or occupation? Yes  No
- 4 Are you presently insured (or have you been insured in the past) for the risks you are now proposing? Yes  No
- 5 Have you traded without insurance within the last 5 years? Yes  No
- 6 Is the business proposed a member of any trade association? Yes  No
- 7 Do you have any offices, assets, representation or agents in overseas countries? Yes  No

## C Data Protection

At NIG we are aware of the trust you place in us when you buy our products and our responsibility to protect your information.

Please ensure you have read our Privacy Statement, which is provided under separate cover and describes who we are, why we need to collect your information and how we will use it. We will also tell you who we share our information with and how we use it to improve the service we provide to our customers.

### Choice of Law

The parties to an Insurance contract are free to choose the law that will apply. In the absence of a specific agreement between the parties the law applying to this contract is English Law.

**D** Additional Information

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Empty box for additional information.

