

PI Renewal Declaration



Insured Name:

Policy Number:

Declared Turnover:

	Turnover split for the last completed financial year: DD / MM / YYYY: <input type="text"/>			Estimated Turnover split for the financial year ending: DD / MM / YYYY: <input type="text"/>		
	UK	EU	Rest of World	UK	EU	Rest of World
Turnover for the last financial year						
Turnover where the firm designs and installs from their own designs, and provides full technical supervision						
FEES - where the firm provides design, technical or other professional services for a fee						
Turnover where the firm installs from other's design but put provides full technical supervision and sign off						
Turnover where the firm installs from other's design and other's technical supervision						
Other turnover not mentioned above						
Total turnover for the whole group						

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We do NOT undertake any activities/offer services in the following areas:	True	False
Industrial/ Commercial Biomass/Anaerobic Digestors		
Any Industrial/Commercial Wind Turbines/Hydro Electric		
Offshore / Marine		
Sewerage and Water schemes		
Nuclear /Atomic		
Oil/Gas/Petrochemical		
Railways & Airports		
We do NOT engage in the manufacture or fabrication of any pre-engineered unit		
No contract completed in the last 5 years exceeds total contract value of £5m		
We use a standard form of contract, agreement or letter of appointment		
We confirm verbal instructions in writing		
The Principal(s), Partner(s), Director(s) do NOT have any association with or financial interest in any other practice, company or organisation		
The applicant is not, and never has, been a member of a consortium, group practice, joint venture, strategic alliance, or involved in any single project partnership.		
There have been nor are there any no pending/potential claims or circumstances that might reasonably be expected to give rise to a claim or loss that would fall within the scope of this insurance		

For any **False** answer please provide full details

Please remember that a fair representation of the risk must be given. Failure to do so may prevent part or all of a claim being paid and could render the policy invalid. If you are unsure whether or not information applies to giving a fair presentation it must be disclosed to the Insurer.

Declaration	
I/We declare that this declaration has been completed after appropriate enquiry and that I/We am/are authorised to complete this Declaration on behalf of all parties entitled to coverage under this insurance.	
Signed:	
Capacity:	
Company:	
Date: (DD / MM / YYYY)	

It is very important that the information remains up to date and is correct – if it is not then **we** may not pay your claim, **we** may void your policy or impose additional conditions, charge an additional premium and reduce **your** claim proportionately (please read Remedies for breach of Duty of Fair Presentation).