



UNDERWRITING  
STATEMENT OF FACT

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.

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

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.

<b>General</b>	
Date from which cover is to commence:	
Name of Proposer/ Company:	
Correspondence Address:	

<b>Assumptions / Insurance History</b>	
The proposer or any director/partner has never: i) had an insurance renewal or policy declined cancelled or refused ii) had any special terms or conditions imposed	
The proposer or any director/partner has never: i) been convicted or charged (but not yet tried) or been given an Official Police Caution, in respect of any criminal offence (other than Motor offence) ii) been prosecuted under the Health & Safety at Work Act iii) been the subject of any County Court Judgements or Sheriff Court Decrees iv) been declared bankrupt or insolvent or been disqualified from being a company director or been involved as owner director or partner with any company which went into receivership, administration or liquidation	
Confirm the business has not suffered any claims or incidents that could give rise to a claim, whether insured or not, in the last 5 years:	

<b>Claims History</b>

<b>Declaration</b>	
I declare that I have taken reasonable care to answer all questions on this statement of fact honestly and to the best of my knowledge. I understand that if I have not answered all questions honestly and correctly my policy may be cancelled and/or my claim rejected or not paid in full. If an answer has been given by any other person about myself or if this statement has been completed by any other person on my behalf that person shall be my agent for that purpose. I have read and agreed the answers to all questions on this form, whether in handwriting or not agree to accept a policy subject to the terms and conditions and exceptions contained therein.	

## About the Premises - Premises 1

Address 1	
Address 2	
Town / City	
Postcode	
Use of premise:	
What type of premises is it?	
Who occupies the premises?	
What are the walls constructed of?	
What is the roof constructed of?	
What % of the roof is flat?	
Is the premises listed?	
What Grade?	
Is the premises more than 10% unoccupied?	
Was the premises built before 1800's?	
When was the property built?	
How many years has the Insured owned the Property?	

<p>Please confirm the following statements are true:</p> <ul style="list-style-type: none"><li>• The premises is based in England, Scotland or Wales</li><li>• The premises insured are in a good state of repair and will be maintained so</li><li>• The premises does not have any composite panels</li><li>• The premises are not in an area previously affected by flooding or at risk of flooding</li><li>• The property or any adjacent property has not previously suffered damage from subsidence, heave or landslip and there are no visible signs of cracking on the property</li><li>• All security complies with the minimum security requirements contained within the policy wording</li></ul>	
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Buildings sum insured	£
Day 1 Uplift of 15% or Index Linking at 4%	
Contents	£
Loss of Rent	£
Indemnity period	
Property Owners Liability Limit Required	£
Legal Expenses	Yes/No

## **Short Form Privacy Notice**

In order for us to provide our services as an insurer and to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim.

The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors.

More information about our use of personal data is set out in our Privacy Notice on our website, [www.euna.com](http://www.euna.com). We recommend that you review this notice.

Euna Underwriting Limited is an appointed representative of ES Risks Limited which is authorised and regulated by the Financial Conduct Authority.

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