

Gap in Coverage Declaration		Page 1 of 1
Is this business new to your office?		☐ Yes ☐ No
How long have you known the applicant?		
Do you have any other business for the ap	oplicant?	☐ Yes ☐ No
Please answer the following:		
Date of expiry of your last insurance in pla	ce on this location:	
Reason for the gap:		
Where you cancelled by your previous ins	urer?	☐ Yes ☐ No
If yes, please explain:		
Any losses or incidences during the gap?		 ☐ Yes ☐ No
Previous insurance company name:		
Policy number:		
Expiry Date:		
Claims:		
The undersigned declares no losses occu DECLARATION / CONSENT PLEASE READ BEFORE SIGNING: A claim will become prejudice of the insurer or knowingly misrepresents or fails		stated therein; or (b) the insured fails to inform material changes
The undersigned declares no losses occu DECLARATION / CONSENT PLEASE READ BEFORE SIGNING: A claim will become prejudice of the insurer or knowingly misrepresents or fails to these facts during the term of the contract; (c) the insurer or knowingly misrepresents.	rred during the gap in coverage. invalid and the Insured's right of recovery is forfeited where (a) and to disclose any fact in any part of this application required to be se	stated therein; or (b) the insured fails to inform material changes e insured willfully makes a false statement in respect of a claim
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