

# Annual Third-Party Liability Insurance Declaration Form

## 1. Insured Party Information

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Full Name / Company Name:

Policy Number:

Address:

Contact Person:

Phone Number:

Email Address:

## 2. Insurance Details

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Coverage Period (From):

Coverage Period (To):

Limit of Indemnity (Amount):

Type of Business/Operation Covered:

## 3. Declaration of Claims (Past 12 Months)

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Have you submitted any Third-Party Liability claims in the last 12 months?

If yes, please provide details:

## 4. Declaration and Signature

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I hereby declare that the information provided in this form is true and complete to the best of my knowledge. I

understand that any misrepresentation may result in the cancellation of coverage or refusal of claims.

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Date

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Signature

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Name & Title

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### **Important Notes**

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- This form must be completed and signed annually as part of your insurance renewal process.
- Ensure all information is accurate to avoid delays in claim processing or policy renewal.
- Coverage details are subject to policy terms, conditions, and exclusions.
- Notify your insurer immediately of any changes in the nature of your business operations.
- Keep a copy of this declaration for your records.