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## Sugarcraft and Cake Making Insurance Statement of Fact

Business Description : Sugarcraft and cake making activities

Please note that in this Statement of Fact, where the words **we** or **us** appear, they shall mean Covea Insurance plc.

In respect of all statements detailed below, **you** (or, in the case of a partnership or limited company, any one partner or director so authorised) confirm that:

### Your Business

1. No insurer has ever declined **your** proposal or refused to renew or cancelled **your** policy or imposed special terms or conditions for any of the risks which **you** now wish to insure
2. **You** have not suffered any losses or had any claims made against **you** by any employee or any third party in respect of death, injury or damage to property during the last five years, whether insured or not, in respect of any of the risks which **you** now wish to insure, other than as detailed in this Statement of Fact
3. **You, your** partners, directors, trustees and committee members have not been convicted of or charged with (but not tried) or received a Police caution in connection with any criminal offence (other than motoring offences)  
**Note:** Convictions regarded as spent under the Rehabilitation of Offenders Act 1974 do not need to be notified to us
4. **You, your** partners, directors, trustees and committee members have not been prosecuted or received notice of intended prosecution or been served with a Prohibition Notice in connection with a breach of any health and safety legislation
5. **You, your** partners, directors, trustees and committee members have not been declared insolvent or bankrupt or been the subject of bankruptcy proceedings or an Individual Voluntary Arrangement
6. **You, your** partners, directors, trustees and committee members have not been the subject of a County Court Judgement (or Scottish decree) and there are no proceedings pending
7. **You, your** partners, directors, trustees and committee members have not been a director, partner, trustee or committee member in any business or organisation which is or has been the subject of a winding up or administration order, or receivership proceedings, or a Company Voluntary Arrangement
8. **Your** business has been continuously insured for the risks which **you** now wish to insure since being established
9. **You** have implemented any requirements made by **your** previous insurers as a condition for the provision of insurance cover, in respect of any of the risks which **you** now wish to insure
10. All property, plant and machinery for which **you** are responsible at all premises is in a good state of repair and regularly maintained
11. **You** do not carry out any deep fat frying in connection with the business
12. **You** do not supply **products** or services to any country which is subject to sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

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Where declared variations to the above statements have been provided to and accepted by Covea Insurance plc. these are detailed below in the section headed **Alterations to Statements** and they take precedent over the information stated above.

### **Alterations to Statements**

The undernoted variations to the above statements have been provided to and accepted by **us**.

#### **Your Business**

None

### **Additional Statements**

The undernoted additional statements have been provided to and accepted by **us**.

None

### **Data Protection**

In accordance with the Data Protection Act 1998 **you** understand and agree that any personal information **you** provide to **us**, including sensitive personal details, may be used by Covea Insurance plc., its connected companies, reinsurers, agents and subcontractors, and also shared with other insurance companies as required for the purposes of **your** insurance. This includes underwriting, processing, claims handling and fraud prevention purposes, which could involve passing details about **you** to agents and subcontractors of Covea Insurance plc. Limited (for example, credit reference agencies and the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd) or other insurers. You are entitled to a copy of your personal information held by Covea Insurance plc. and any of its connected companies upon payment of a fee.

This Statement of Fact is produced to replace the need for **you** to complete a proposal form. It is an important document and **we** recommend that **you** keep a copy of it in a safe place, together with original purchase receipts and all other documentation or correspondence relevant to **your** policy.

### **Disclosure Confirmation**

This Statement of Fact is a record of information supplied by **you** or on **your** behalf in response to questions **we** have asked, or assumptions **we** have made about **you, your** business partners, directors, trustees and committee members.

**You** have a duty to answer all of these questions honestly and, having taken reasonable care, to the best of **your** knowledge.

**You** should agree that, having taken reasonable care, assumptions we have made accurately reflect **your** circumstances, to the best of **your** knowledge.

Please therefore carefully check the information contained in this Statement of Fact to ensure that it is an accurate and complete record of what **you** have told **us** and assumptions **we** have made about **you, your** business partners, directors, trustees and committee members.

If it is not and **you** do not tell **us, your** policy may be cancelled, or treated as if it never existed, or **your** claim rejected or not fully paid.

**You** are not required to sign this Statement of Fact but you must read it carefully to confirm **you** are satisfied that to the best of **your** knowledge all the information contained within it and the Schedule is correct.

If **you** are satisfied that to the best of **your** knowledge all the information contained within it and the Schedule is correct, **you** need take no further action.

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During the term of this policy, **you** must also give immediate notice to **us** of any material changes in these facts. Please refer to the Important Notice below for examples.

If any of the details appear to be incorrect or incomplete please contact ADS Insurance Brokers Limited and obtain a revised Statement of Fact.

**We** reserve the right to decline cover or to change the premium and terms of this policy if **you** change the information contained in the Statement of Fact.

Insurance cover does not commence until confirmed by **us** or ADS Insurance Brokers Limited.

A Prospectus & Key Facts Summary or a specimen copy of the Policy wording is available on request.

### **IMPORTANT NOTICE**

#### **You must notify us if your circumstances change**

**We** have agreed this policy with **you** on the basis of the information **you** have provided to us as recorded in the Statement of Fact.

During the term of this policy, **you** must notify **us** immediately of any changes in circumstances which may increase the possibility of loss, damage or legal liability covered by this policy.

For example, **we** would need **you** to notify **us**:

- if **you** carry out any deep fat frying in connection with the business, or
- if **you, your** partners, directors, trustees and committee members:
  - have been convicted of or charged with (but not tried) or received a Police caution in connection any criminal offence (other than a motoring conviction or one which is deemed to be spent under the Rehabilitation of Offenders Act) or have any such prosecution pending, or
  - have been declared bankrupt, entered into an IVA (Individual Voluntary Agreement) or become subject to bankruptcy proceedings, or
  - have been the subject of a County Court Judgement (or Scottish decree) or if there are any proceedings pending, or
  - have been prosecuted or received notice of intended prosecution or been served with a Prohibition Notice in connection with a breach of any health and safety legislation
- if **you** have suffered any losses or had any claims made against **you** by any third party in respect of death, injury or damage to property which **you** have not previously notified **us** of

These are just some examples and there may be other circumstances **we** would want **you** to tell **us** about. If **you** are in any doubt please contact ADS Insurance Brokers Limited as a failure to notify **us** of any such changes could lead to your policy being cancelled, or treated as if it never existed, or **your** claim rejected or not fully paid.

**We** recommend that **you** keep a copy or a record of all information **you** give to **us**.