



DECLARATION OF HEALTH

Name of Insured:

Broker:

Date of Birth: /..... /..... **Broker Ref:**

Occupation:

I hereby declare that I am in good health and do not suffer from any pre existing physical or mental condition, defect, infirmity or illness except as previously advised to Underwriters in relation to this Insurance. I have not consulted a medical practitioner for medical advice or treatment during the last 12 months or since the last declaration of health made in relation to this Insurance except as follows:

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I further declare that I have not changed my occupation as previously advised to Underwriters in relation to this Certificate.

Signed:.....

Date:...../...../.....