



**D. DETAILS OF PRIOR INSURANCE**

27. Has any insurer ever declined insurance or imposed special conditions?  Yes  No  
If 'Yes', please provide details \_\_\_\_\_
28. Has any insurer ever cancelled or refused to renew your insurance?  Yes  No  
If 'Yes', please provide details \_\_\_\_\_
29. Additional information, if any, relevant to the proposed insurance \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION BY PROPOSER**

I/We warrant that the above statements, answers and particulars completed by me/us or on my/our behalf, are true, correct and complete, and contain all information known to me/us as affecting the risk to be insured. I/We declare that no information has been withheld that might influence acceptance of the insurance, and I/We agree that this proposal signed by or caused to be signed by me/us, shall form the basis of and be deemed to be incorporated in the contract between me/us and VANGUARD ASSURANCE. I/We further agree to accept the insurance Policy on the terms and conditions set forth in the relevant Policy document and to pay the premiums charged. It is hereby understood and agreed that if, after the insurance is effected it is found that any of the above statements, answers and particulars are incorrect or untrue in any respect, then VANGUARD ASSURANCE, the Insurers, shall have no liability under the insurance.

Date of Proposal: ..... Agent/Broker Name: ..... Proposer's Signature: .....