

Any further Comments:

- The answers given in this questionnaire are in every respect correct and shall, in addition to the underlying proposal, form the basis of the contract between Vero and the Insured.
- Please note that you are required to tell Vero about any other circumstances which may be relevant to Vero considering this questionnaire.

Signature of proposer(s)

Date

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FOR VERO OFFICE USE ONLY

OFFICE	POLICY NUMBER	EXPIRY DATE	CLIENT NUMBER	ACCEPTED BY

NOTES
