



NO CLAIMS DECLARATION



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None of the persons identified, Described, Mentioned as the Insured Person in the Policy document are, AFTER ENQUIRY, aware of any claim against their business or practice or any prior business or practice of any of their present or former partners, principals or directors or any fact or circumstance which has the potential to give rise to a claim against their business or practice or any prior business or practice of any of their present or former partners, principals or directors (**whether or not they consider there is a liability**).

Further, there is no material change to the information provided in the professional Indemnity proposal form dated: _____ day of _____ year _____

COMPANY:

SIGNED:

NAME:

DATED:

POLICY NO:

REASON

- Aged Proposal Form
- Increase in Liability, Sum Insured
- Cover Past Expiry Date
- Incorrect Completion of Proposal
- Other (Please State)
