

NO CLAIMS DECLARATION

CLIENT CODE: _____

INSURED NAME: _____

1. After full enquiry the Proposer is NOT AWARE of any claim having been made against the proposer's business or any principal, partner, director or employee whilst in this or any other business other than as detailed in the table below.

2. After full enquiry the Proposer is NOT AWARE of any circumstance or incident which has or could result in any claim being made against the Proposer's business, or any principal, partner, director or employee whilst in this or any other business other than as detailed in the table below.

Date Proposer was first aware of the claim or circumstance	Claimant	Details of claim or allegation	Amount claimed or alleged to have been lost

If additional space is required please attach a separate sheet and sign and date it.

3. I/We declare that the statements and particulars contained in this No Claims Declaration are true and complete and that I/we have not mis-stated or suppressed any material facts.

.....
Signature of authorised individual/partner/principal/director

Date:.....

.....
Company Name