

Professional Indemnity Insurance

No Claims Declaration

AFTER ALL DUE AND PROPER ENQUIRIES, I/WE HEREBY DECLARE:

1. THAT I/WE am/are NOT AWARE:

- (i) Of any claim being made against me/us for breach of duty in respect to my/our professional business,
or
- (ii) Of any fact(s) or circumstance(s) which may give rise to such claim.

I/WE hereby declare that the information contained in the most recent proposal form is unchanged in all other respects.

Insured:

(please print name of Insured)

Signed:

(Partner/Director/Principal to sign)

Date of signing:

(please insert current date)