

Declaration

# No Claims Declaration

Name of Policyholder:

I / We the Partners / Directors / Principals of the above Insured declare that:

- **After Enquiry** we are not aware of any Claims, any circumstances or incidents which may give rise to a Claim against the Insured.

## Declaration

Please read carefully the following statement prior to signing where indicated.

The completion of this Declaration does not bind the firm(s) or Insurer(s) to effect a Contract of Insurance, but if a policy is issued, Declaration, together with any other information supplied prior to inception shall form the basis of any Contract of Insurance effected thereon.

I/We declare that the statements and particulars in this Declaration are true and that no material facts have been mis-stated or suppressed after enquiry.

I/We agree that this Declaration, together with any other information supplied shall form the basis of any Contract of Insurance effected thereon.

I/We undertake to inform the Insurer(s) of any material alteration to those facts occurring before the completion of the Contract of Insurance.

Signature of Partner / Director / Principal:

Name of Policyholder:

Date:



Chartered