

Declaration

No Claims/Material Change Declaration

Name of Policyholder:

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

1. **After Enquiry** we are not aware of any Claims, any circumstances or incidents which may give rise to a Claim against the Insured; and
2. The information declared to the Insurer in the proposal form dated / / 20 has not materially changed/alterd.

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:

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