

**NO CLAIMS DECLARATION**

**TYPE:** \_\_\_\_\_

I/We hereby declare that the information contained in the Application Form dated \_\_\_\_\_ has not materially altered and that after enquiry I/We are not aware of any claim or circumstance which could give rise to a claim or loss on the above captioned Policy.

Named Insured: \_\_\_\_\_

Date: \_\_\_\_\_

Director/Partner: \_\_\_\_\_

Authorised Signature: