

# No Claims Declaration

Insured Name(s):

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Policy Number:

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I/We hereby declare that as of today's date I/we are not aware of any outstanding claims and after enquiry there are no circumstances which may result in a claim.

I/We also hereby declare that there have been no changes to matters disclosed in the proposal form previously supplied to the insurer.

Authorised Signature  
(Partner):

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Date:

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