

PROFESSIONAL INDEMNITY INSURANCE

NO CLAIMS/CIRCUMSTANCES DECLARATION

I/We hereby declare that:-

- I/We am/are not aware of any claim(s) being made against me/us for breach of duty in my/our professional capacity; and
- I/We am/are not aware of any circumstances which may give rise to any such claim(s); and
- the information contained in my/our completed Proposal Form/Addendum dated _____ (*insert last Proposal Form date*) is unchanged.

Insured: _____

Signed: _____
(*Director/Principal to sign*)

Date: _____
(*Please insert today's date*)