



Professional Indemnity No Claim Declaration Form

This form must be completed in full by the Insured

declare that the information given in the proposal form and/or statement of fact dated

has not materially altered and that after full enquiry there have been no known and/or reported losses and/or circumstances which might give rise to a claim in connection with this insurance.

Signature of Director / Partner / Principal

Dated

Name of Company / Firm