

Professional Indemnity No Claims Declaration

Name of Insured: _____

I/We hereby declare that there have been no material changes, modifications, alterations or additions to any of the facts or information as set out in the proposal form dated..... and AFTER ENQUIRY there have been no known or reported losses or circumstances which could give rise to a claim.

Signed

Dated

Position.....

This proposal must be signed by an authorised representative of the company such as a Partner, Director or Company Secretary