No Claims Declaration

Insured Name(s):

Policy Number:

Declaration

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 Pacific Indemnity Underwriting Solutions Pty Ltd.

Name:

Title:

Signature:

Date: /   /