

## No Claims Declaration

Insured Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policy Number: \_\_\_\_\_

I hereby declare that as of today's date we have no outstanding claims and after enquiry there are no circumstances which may result in a claim.

I 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.

Authorised Signature  
(Partner):

\_\_\_\_\_

Date: \_\_\_\_\_