

No Claims Declaration

Insured Name(s): _____

Policy Number: _____

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.

Authorised Signature
(Partner):

Date: _____