

NO CLAIMS DECLARATION FORM	
CLIENT NAME AND ADDRESS:	
Company Registration No:	
Contact Person:	Contacts Position:
Name of Proposer:	
Address Line 1:	
Line 2:	Town:
County:	Postcode:
Telephone:	e-mail:

Can the proposer confirm that:

TO BE COMPLETED BY THE INSURED

INSURANCE DECLARATION

I/We declare that the information given in the Proposal form / Declaration dated ___/___/_____ has not materially altered and that after full enquiry there have been no known or reported losses or circumstances which might give rise to a claim hereunder.

I confirm that the details supplied above are true and complete to the best of my knowledge and belief

Signature of Owner/Director:	Date:

Authorised and regulated by the Financial Services Authority.