

## Professional Indemnity

I/We, after having made full enquiries, declare that I/We are not aware of any new claim or circumstances which might give rise to a claim hereunder.

Insured:

Signature of Partner/Director:

Date (DD/MM/YY)

*Any queries, please contact us*

Solution Underwriting  
Agency Pty Ltd

Level 5, 289 Flinders Lane  
Melbourne, VIC 3000

P. 03 9654 6100  
solution@solutionunderwriting.com.au  
solutionunderwriting.com.au

ABN 68 139 214 323 AFSL 407780

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