

## Professional Indemnity, Management Liability & Public Liability

**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*

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**MEL SYD BNE PER**