



## Professional Indemnity

### No Claims Declaration

I/We, after having made full enquiries, declare that the information given in the **PROPOSAL** form has not materially altered, and 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: \_\_\_\_\_

Dated: \_\_ / \_\_ / \_\_\_\_

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