



## No Claims/Material Changes Declaration

TO BE COMPLETED BY THE INSURED

I/We declare that after enquiry, the information given in the proposal form dated \_\_\_ / \_\_\_ / \_\_\_\_ has not materially altered and that there have been no known or reported losses or circumstances which might give rise to a claim.

Signed: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Date: \_\_\_\_\_