



# Declaration Form



ABN 69 614 898 270 | AFSL 493713

# NO CLAIMS DECLARATION

## For Management Liability



02 9003 1660



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## Claims Information

**1. Insured name:**

**2. After full enquiry, is an insured or the Company aware of any claim, investigation, enquiry, audit or allegation that might be covered by our policy? Such claim, investigation, enquiry, audit or allegation could relate to (without limiting the type of claim) employment, discrimination, harassment, work place health and safety, tax or state duties or pollution.**

No  Yes

If yes, please provide details:

**3. After full enquiry, is an insured or the Company aware of any circumstance or incident that could lead to an investigation, enquiry, audit or allegation that might be covered by our policy?**

No  Yes

If yes, please provide details:

**4. After full enquiry is an insured or is the Company aware of any actual or potential misappropriation, theft, loss of money, funds or property of the Company or its clients?**

No  Yes

If yes, please provide details:

**5. After full enquiry is an insured or the Company aware of any claim or circumstance that might lead to a claim by a shareholder against any director?**

No  Yes

If yes, please provide details:

**Your Duty of Disclosure:**

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

**If you do not tell us something:**

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## Declaration

I declare that I am authorised to complete this No Claims Declaration on behalf of all insureds and the Company, that I have made reasonable enquiries to ascertain the truth of all the statements and that to the best of my knowledge and belief the statements and particulars in this No Claims Declaration are true and correct and no material facts have been omitted or misrepresented. I undertake to inform FTA Insurance of any change to any material fact which occurs before any insurance, based on this No Claims Declaration, is entered into.

**Name and Position of person signing:**

**Date:**