



# Declaration Form



ABN 69 614 898 270 | AFSL 493713

# NO CLAIMS DECLARATION

## For Professional Indemnity and Combined PI & GL

No reference to proposal form



02 9003 1660



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# No Claims Declaration

1. Insured name:

2. After full enquiry the Proposer is NOT AWARE of any claim having been made against the proposer’s business or any principal, partner, director or employee whilst in this or any other business other than as detailed in the table below.
3. After full enquiry the Proposer is NOT AWARE of any circumstance or incident or occurrence which has or could result in any claim being made against the Proposer’s business, or any principal, partner, director or employee whilst in this or any other business other than as detailed in the table below.
4. After full enquiry NO principal, partner, director or employee been subject to any disciplinary proceedings or actions for misconduct in a professional respect whilst in this or any other business.

Date Proposer was first aware of the claim or circumstance	Claimant	Details of claim or allegation	Amount claimed or alleged to have been lost

5. I/We declare that the statements and particulars contained in this No Claims Declaration are true and complete and that I/we have not mis-stated or suppressed any material facts.

No  Yes

**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 the Insured, 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:**