



## No Claims/No Material Changes Declaration

**Note:** for the avoidance of doubt, the meaning of proposer extends to include any beneficiary covered (or seeking cover) under this insurance.

After full inquiry, I confirm that I am not aware of:

- i) any claim or claims being made against the proposers business or its subsidiaries, including the directors, officers, principals, partners or employees thereof; or
- ii) any act, error or omission committed or allegedly committed by any director, officer, principal, partner or employee; or
- iii) any circumstance or incidents which could result in a claim being made against the proposers business or its subsidiaries, including the directors, officers, principals, partners or employees thereof;

whilst in this or in any other business.

Furthermore, I also confirm after full inquiry, that there are no material facts that have been omitted or misrepresentations in the proposal form dated \_\_\_/\_\_\_/\_\_\_ and that all statements that have been made to Artisan Underwriting Pty Ltd (Artisan) are true and accurate.

**If Yes to any of the above, please provide us with full details on a separate sheet.**

I undertake to inform Artisan of any changes to the information already disclosed to Artisan, which occurs before any insurance, based on this declaration (which includes the dated proposal form above), is entered into.

I declare that I am authorised to complete this declaration on behalf of the proposer, which may also be referred to Artisans insurance policies as the Company, Association, Named Insured, Insured, including its subsidiaries, officers, directors and employees.

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**