



No Claims/Circumstances Declaration (PI, ASL, ML, D&O)

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.

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

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

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

Name

Position

Signature

____/____/____
Date