

**PROFESSIONAL INDEMNITY INSURANCE**

**NO CLAIMS/CIRCUMSTANCES DECLARATION**

I/We hereby declare that:-

- I/We am/are not aware of any claim(s) being made against me/us for breach of duty in my/our professional capacity; and
- I/We am/are not aware of any circumstances which may give rise to any such claim(s); and
- the information contained in my/our completed Proposal Form/Addendum dated *(insert last Proposal Form date)* is unchanged.

**Insured:**

**Signed:**

*(Director/Principal to sign)*

**Date:**

*(Please insert today's date)*