

IBL Ltd T/As Tasman Underwriting Level 21, 41 Exhibition Street, Melbourne Vic 3000



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PROFESSIONAL INDEMNITY INSURANCE

NO CLAIMS/CIRCUMSTANCES DECLARATION

I/We hereby declare the	at:-
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- 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)