

# Claims and Circumstances Declaration



Insured Name

Policy Number

I/We the undersigned duly authorised person(s) declare that, after inquiry:

1. I am /We are not aware of any claims being made against the Insured nor am I/are we aware of any circumstances which have the potential to give rise to any claim, other than those matters listed below:

<b>Claimant or potential claimant</b>	<b>Brief details including amount of actual or potential claim</b>	<b>Date Insured first became aware of claim/circ</b>	<b>Status – Ongoing/ finalised</b>

Signed

Name and Title

Company / Firm

Date