

Policy Number

Policyholder's Name(s)

No Claims Declaration

Name of Previous Insurer:.....

Policy Number of Previous policy:.....

I/We confirm that, to the best of my/our knowledge, there have been no claims against my/our policy, nor any circumstance that may give rise to a claim or a loss.

Signed (1st Proposer):.....

Signed (2nd Proposer):.....

Date:.....