

NO CLAIMS DECLARATION (NCD)

NAMED INSURED: _____

After full enquiry, I declare that I am NOT AWARE of any:

- a) claim made against the Named Insured's business or any principal, partner, director or employee whilst in this or any other business; or
- b) circumstance or incident which has or could result in any claim being made against the Named Insured's business, or any principal, partner, director or employee whilst in this or any other business,

that was not detailed in the Named Insured's proposal form dated _____.

I declare that I am authorised to complete this NCD on behalf of the Named Insured and that to the best of my knowledge and belief the statements and particulars in this NCD are true and correct and no material facts have been omitted or misrepresented. I undertake to inform Berkley Insurance Australia (BIA) of any change to any material fact which occurs before any insurance based on this NCD is entered into.

Signature of authorised individual/partner/principal/director

Date

Name of authorised individual/partner/principal/director