

**NO CLAIMS OR MATERIAL CHANGES DECLARATION (NCMCD)**

**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 \_\_\_\_\_.

After full enquiry, I declare that the statements and particulars contained in the proposal form dated \_\_\_\_\_ are true and complete and that the no material facts have been omitted or misrepresented.

I declare that I am authorised to complete this NCMCD on behalf of the Named Insured and that to the best of my knowledge and belief the statements and particulars in this NCMCD 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 NCMCD is entered into.

\_\_\_\_\_  
Signature of authorised individual/partner/principal/director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of authorised individual/partner/principal/director