

NO CLAIMS DECLARATION (NCD)

NAMED INSURED: _____

NEW ENTITY / CONTRACTOR: _____

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

- a) claim made against the New Entity / Contractor's business or any principal, partner, director or employee; or
- b) circumstance or incident which has or could result in any claim being made against the New Entity / Contractor's business, or any principal, partner, director or employee;

whilst in this or any other business other than as detailed in the table below.

Date New Entity/Contractor was aware of the claim or circumstance	Claimant	Details of Claim or Allegation	Amount claimed or alleged to have been lost

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 or amended.

Signature of authorised individual/partner/principal/director (New Entity / Contractor)

Date

Name of authorised individual/partner/principal/director