

**PROFESSIONAL INDEMNITY MALPRACTICE LIABILITY AND/OR**  
**DIRECTORS AND OFFICERS LIABILITY INSURANCE INCL**  
**EMPLOYMENT PRACTICES LIABILITY**

**NO CLAIMS/NO MATERIAL CHANGE DECLARATION**

a) We hereby declare that we are not aware of any claims being made against us nor are we aware of any circumstances which may give rise to a claim other than those that are already known and or matter listed below.

Name of third party	Date you became aware of circumstance or facts	Date of incident	Brief description of facts / incident that gave rise to injury/damage

b) There have been no material changes to the Business / Profession that would increase the insurance risk since the application form completed and signed on the ...../...../.....

INSURED :

SIGNED :

DATED :

CURRENT POLICY NUMBER: