

No Claims/Material Changes Declaration

To Be Completed by Insured

Risk Number (if applicable) _____

Coverage Applicable _____

I/We declare that after enquiry, the information given in the proposal form/declaration dated (mm/dd/yyyy)
_____/_____/_____ has not materially altered and that there have been no known or reported losses
or circumstance which might give rise to a claim.

Applicant _____ Title/Position _____

Applicant Signature _____ Date _____

Agent/Broker Name _____

Note If circumstances have changed, please contact your underwriter with complete details.