

NO CLAIMS DECLARATION

POLICY COVER:

INSURED:

I/we hereby declare that other than those claims and/or circumstances declared, after investigation of all Partners, Principals, Senior staff or relevant claims manager, where relevant, I confirm that no claims have been made and I am aware of no circumstances that may reasonably give rise to a claim. The above declaration is to include notifications made either verbally and/or in writing.

SIGNED:.....

(Doctor/Partner/Principal)

ON BEHALF OF:.....

(Name)

DATE:.....