**No Claims Declaration**

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| Insured entity |       |
| Policy Number |       |
| Name  |       |
| Title |       |
| Date |       |
| Signature |       |

After making relevant enquiries, are there any claims or circumstances that may give rise to a claim that have not been previously disclosed to Focus? If yes, please provide details. [ ] Yes [ ] No

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After making relevant enquiries have there been any changes in the information provided to us since the last submission was provided? If yes, please provide details.[ ] Yes [ ] No

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