**Contractors No Claims Declaration**

**This section should be completed by the insured**

1. 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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2. 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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| 3. Insured entity |       |
| 4. Policy number |       |
| 5. Name  |       |
| 6. Title |       |
| 7. Date |       |
| 8. Signature |       |

**This section should be completed by the contractor**

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| 9. In the last 10 years have any claims or allegations been made against you for a breach of professional duty? | [ ] Yes [ ] No |
| 10.In the last 10 years have circumstances been notified to insurers that might give rise to a claim? | [ ] Yes [ ] No |
| 11. Have you ever been subject to disciplinary action for professional misconduct? | [ ] Yes [ ] No |
| 12. Have you ever been charged with a criminal offence, other than minor traffic convictions? | [ ] Yes [ ] No |
| 13. Has the insured you ever been declared bankrupt? | [ ] Yes [ ] No |
| 14. Have you ever been refused this type of insurance or had similar insurance cancelled, renewal declined, or had special conditions imposed? | [ ] Yes [ ] No |

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| 15. Contractor insured entity |       |
| 16. Occupation |       |
| 17. Name |       |
| 18. Title |       |
| 19. Date |       |
| 20. Signature |       |