**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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