

Professional Indemnity

**CLAIMS AND CIRCUMSTANCE  
DECLARATION**

I/We the undersigned duly authorised person(s) declare that, after inquiry:

1. I am /We are not aware of any claims being made against the Insured nor am I/are we aware of any circumstances which have the potential to give rise to any claim, other than those matters listed below:

Claimant or potential claimant	Brief details including amount of actual or potential claim	Date Insured first became aware of claim/circ	Status – Ongoing/ finalised

2. I am/we are not aware of any material changes in the Professional Indemnity proposal form dated .....

Signed .....

Name and Title .....

Company / Firm .....

Date .....