**NO CLAIMS DECLARATION**

Insured name: Click or tap here to enter text.

1. After full enquiry the Proposer is NOT AWARE of any claim having been made against the proposer’s business or any principal, partner, director or employee whilst in this or any other business other than as detailed in the proposer’s proposal dated Click to enter a date.
2. After full enquiry the Proposer is NOT AWARE of any circumstance or incident which could result (or could have resulted) in any claim being made against the Proposer’s business, or any principal, partner, director or employee whilst in this or any other business other than as detailed in the proposer’s proposal dated Click to enter a date.
3. I/We declare that the statements and particulars contained in this No Claims Declaration are true and complete and that I/we have not mis-stated or suppressed any material facts.

**Your Duty of Disclosure**

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

* reduces the risk we insure you for; or
* is common knowledge; or
* we know or should know as an insurer; or
* we waive your duty to tell us about.

**If you do not tell us something**

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

**Declaration**

I declare that I am authorised to complete this No Claims Declaration on behalf of the Insured, that I have made reasonable enquiries to ascertain the truth of all the statements and that to the best of my knowledge and belief the statements and particulars in this No Claims Declaration are true and correct and no material facts have been omitted or misrepresented. I undertake to inform FTA Insurance of any change to any material fact which occurs before any insurance based on this No Claims Declaration is entered into.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Position of person signing: Click or tap here to enter text.

Date: Click or tap to enter a date.