

No Claims Declaration

Important notice

This renewal declaration will form a key part of your ongoing contract of insurance with QBE Insurance, and it is important that all material facts continue to be fully, frankly and accurately disclosed. If you are completing this form electronically, please open it using the latest version of Adobe Reader. Upon completion, print out the form and sign the declaration.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

Name	Insured	<input type="text"/>	Broker	<input type="text"/>
Policy	Number	<input type="text"/>	Type	<input type="text" value="(eg PI, D&O, GL, EL, Stat)"/>

We confirm that:

- (i) There have been no material changes to the risk or to the information already provided to QBE for quotation purposes.
- (ii) After enquiry, we are not aware of any claims currently pending against us, or any other person or entity to be insured under this insurance, or of any circumstances, not already notified to QBE, which could give rise to a claim.

Declaration

I declare that all answers and statements in this declaration are correct and complete in every respect, and agree that this declaration shall form the basis of, and be incorporated into, the contract of insurance which I have with QBE Insurance (Australia) Limited, New Zealand Branch.

Where this declaration is signed by the broker on behalf of the insured, the broker declares that he/she has the insured's permission to sign on the insured's behalf; that the answers and statements contained above have been provided by the insured and are true, correct and complete in every respect; that the insured understands QBE is entitled to treat this declaration as if it had been signed by the insured; and that a copy of the completed and signed declaration will be sent to the insured as soon as practicable.

Signed by applicant	<input type="text"/>	Date	<input type="text" value="dd / mm / yyyy"/>
Printed name	<input type="text"/>	Phone	<input type="text"/>
Position	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		

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