DUAL Professional Indemnity



No Claims Declaration

Declaration

I/We, after having made full enquiries, declare that the information given in the Proposal Form has not materially altered, and that I/We are not aware of any new Claim or circumstances which might give rise to a Claim hereunder.

To be signed by the insured for whom this insurance is intended for.

Insured(s)

Position:

Signature:

Date:

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