

Delta Insurance Australia  
**No claims declaration form**



Insured name:

I/We hereby declare that after full enquiry of all principals, directors, and staff that there has been no material change to the answers stated in the signed Proposal Form dated     /     /     and I/We are not aware of any new claim or circumstances which might give rise to a claim hereunder.

I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of this declaration may result in Insurers refusing to provide indemnity or voiding the policy in every respect.

Full Name:

Company position:

Signature:

Date: