



PO Box 881  
Five Dock NSW 2046  
P: (03) 5480 3033  
F: (03) 5482 4517

W: [www.omnipro.com.au](http://www.omnipro.com.au)  
E: [service@omnipro.com.au](mailto:service@omnipro.com.au)

## NO CLAIMS OR MATERIAL CHANGE IN RISK

### 1. **DECLARATION AND AGREEMENT:**

I/We declare in relation to the facts, statements and particulars contained in the proposal noted below as follows:

- I/We have reviewed the Proposal and its attachment;
- I/We have made all reasonable and necessary enquiries;
- I/We confirm that to the best of our knowledge and belief, they are true and complete;
- No material facts have been omitted, misstated, misrepresented or suppressed; and
- Should any of the information given by us alter between the date of this proposal and inception date of the insurance to which this proposal relates, we will give immediate notice thereof to the insurer.
- I/We acknowledge receipt of the Important Notices on Page 1 and 2 contained on this Proposal Form and that we have read and understood the content of those Notices.
- I/We confirm that we are authorised by the Company and its Directors to complete, sign and submit this proposal on behalf of the Company and its Directors.
- 

2. After full enquiry the proposer is NOT AWARE of any claim been made against the proposer's business or any principal, partner, director or employee whilst in this or any other business that was not detailed in the proposer's proposal noted in 5. below.

3. After full enquiry the proposer is NOT AWARE of any circumstance or incident which has or could result in any claim being made against the proposer's business, or any principal, partner, director or employee whilst in or any other business that was not detailed in the proposer's proposal noted in 5. below

4. 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.

5. Proposal Dated: .....

Policy / Quote Reference: .....

**Date:** .....

**Signature of authorised Individual/Partner/Principal/Director**

**Please Print Name:** .....

---

**Proposer / Insured**

*(Please insert full legal name of all intended Insured's.*