



NO CLAIMS DECLARATION FORM	
Policy Number:	
Contact Person:	
Contacts Position:	
Name of Policyholder:	
Address Line 1:	
Line 2:	
Town:	
County:	Postcode:
Telephone:	e-mail:

Can the proposer confirm that:	
<p>TO BE COMPLETED BY THE INSURED</p> <p>INSURANCE DECLARATION</p> <p>I/We declare that the information given in the Statement of Fact/Quote Submission dated the ___/___/201___ has not materially altered and that after full enquiry there have been no known or reported losses or circumstances which might give rise to a claim hereunder.</p>	
I confirm that the details supplied above are true and complete to the best of my knowledge and belief.	
Signature of Owner/Director:	Date:

Please return to: Coversure Insurance Services, 23 Croydon Road, Reigate, Surrey, RH2 0LY
Email: reigate@coversure.co.uk