

Quotation Reference: _____

TO BE COMPLETED BY THE INSURED

INSURANCE DECLARATION

I/We declare that the information given in the Proposal form / Declaration dated ___/___/_____ 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.

Dated: _____

Signature of Partner or Principal: _____

Name of Firm: _____

Once completed, please either: Post to -

Charles Insurance,

**29 Hickman Road, Penarth,
Vale of Glamorgan
CF64 2AL**

OR fax to -

029 2071 2919

OR scan and e-mail to

chris@pro-indemnity.co.uk

In case of difficulty with these forms, please ring

029 2070 2333

for assistance