

NO CLAIMS & NO MATERIAL
CHANGES DECLARATION

Medical Malpractice



itoo™

In association with **Hollard.**

Please answer **ALL** questions completely
Should any question or part thereof not be applicable, please state "N/A"
Should insufficient space be provided, please continue on your company letterhead

1. Name of Insured _____
2. Policy Number _____
3. Physical Address _____
4. VAT Number _____
5. Fee income

Past year		Current year	
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I/We, the undersigned, hereby declare after full enquiry of all directors, partners and employees of the abovementioned company and all subsidiaries, on behalf of him/herself and all such directors and partners that there are no claims, circumstances, investigations, legal proceedings or other matters which could give rise to a claim under the above insurance

Furthermore, there has been no material changes since the completion of the proposal form dated	
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DECLARATION

I/We, the undersigned, declare that the statements set forth in this declaration together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible

Name (duly authorised)

Designation

Signature

D	D	M	M	Y	Y	Y	Y
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Date

Hollard.

Underwritten by The Hollard Insurance Co. Ltd,
an authorised Financial Services Provider

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