



NO-CLAIM DECLARATION

Policyholder: _____

Address: _____

Zip Code/Residence: _____

On behalf of the management/board of directors of the policyholder, the undersigned herewith declares, that, as of this moment, the insured are not familiar with any claims brought against the policyholder, any (former) insured and/or any (former) insured entity or any (former) insured participation.

On behalf of the management/board of directors of the policyholder, the undersigned herewith also declares, that, as of this moment, the insured are not familiar with any circumstance which could result in claims against the policyholder, any (former) insured and/or any (former) insured entity or any (former) insured participation.

Definitions:

Claim – Any claim for indemnification of a loss as a result of an act or negligence committed by an insured. Multiple claims arising from one and the same cause, shall be treated as one single claim, irrespective of the number of injured parties, actual of eligible claimants.

Circumstance – Facts, out of which one may reasonably conclude, that they may lead to (a) claim(s). Such facts are considered to be facts of which an insured is able to notify who will be the claimant(s), which act or negligence will result in the claim(s) and which measures the insured has taken to prevent or mitigate the loss resulting therefrom.

Place of Residence: _____

Date: _____

Name: _____

Position: _____

Autograph:
