

## Cyber No Claims Declaration

### INSURED NAME

Insured Name:

Trading Name:

ABN:

### DECLARATION

I/We, after having made full enquiries and to the best of my/our knowledge, I/We declare that the information given in the proposal form dated  has not materially altered, and that I/We are not aware of any new claim or circumstances which might give rise to a claim hereunder.

**Please read carefully the following important information before signing:**

### DUTY OF DISCLOSURE

Before You enter into an insurance contract, You have a duty to tell us anything that You know, or could reasonably be expected to know, may affect our decision to insure You and on what terms.

You have this duty until we agree to insure You. You have the same duty before You renew, extend, vary or reinstate an insurance contract.

### You do not need to tell us anything about:

- reduces the risk we insure You for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive Your duty to tell us about.

### If You do not tell us something

If You do not tell us anything You are required to, we may cancel Your contract or reduce the amount we will pay You if You make a claim, or both. If Your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### To be signed by the insured for whom this insurance is intended for.

Name:

Position:

Signature

Date