

NCD

Nova Underwriting Pty Ltd
 ABN 42 127 786 123 / AFSL 324767

IMPORTANT

Please fully complete this form as it will assist us to deal with the matter as quickly as possible.
 The form should be completed by a director, partner or principal of the Insured.

1.0 Proponent's / Insured's name "You"

2.0 After making appropriate inquiries, have any claims (including claims for negligence, breach of professional duty or civil liability) ever been made against You, Your predecessors in business, or any present or former partner, principal, director or employee?

Yes No

If "Yes", please provide the following details in respect to each matter:

DATE MATTER NOTIFIED	NAME OF INSURER (IF ANY)	NAME OF CLAIMANT OR POTENTIAL CLAIMANT	BRIEF DESCRIPTION OF MATTER	AMOUNT PAID OR ESTIMATE OF POTENTIAL LIABILITY	STATUS: FINALISED OR OUTSTANDING?
----------------------------	--------------------------------	--	-----------------------------------	--	---

3.0 After making appropriate inquiries, are You, or any partner, principal, director or employee, aware of any claims, or circumstances that could result in claims (including claims for negligence, breach of professional duty or civil liability), against You or Your predecessors in business or any present or former partner, principal, director or employee?

Yes No

If "Yes", please provide the following details in respect to each matter:

NAME OF CLAIMANT OR POTENTIAL CLAIMANT	BRIEF DESCRIPTION OF CLAIM/ CIRCUMSTANCE	ESTIMATE OF POTENTIAL LIABILITY

4.0 After making appropriate inquiries, are You, or any partner, principal, director or employee, aware of any litigation or inquiry involving You, any partner, principal, director or employee, the business, or Your predecessors in business?

Yes No

If "Yes", please provide the following details:

BUSINESS OR INDIVIDUAL INVOLVED	NATURE OF LITIGATION OR INQUIRY	COSTS EXPENDED TO DATE	ESTIMATED FINAL COST

5.0 Other than disclosed in questions 2.0, 3.0 and 4.0, and after making appropriate inquiries, are You, or any partner, principal, director or employee, aware of any:

- demands for compensation or damages against You? Yes No
- assertion of a right or entitlement to compensation, damages or other legal relief against You? Yes No
- assertion, allegation or complaint of a breach of professional duty against You? Yes No
- assertion, allegation or complaint of any act or omission causing or potentially causing loss or damage against You? Yes No
- intention to seek compensation, damages, or other legal relief against You? Yes No

If "Yes", please attach details.

6.0 Do You maintain a complaints register? : Yes No

If "Yes", please attach an up to date copy of the register.

IN RELATION TO QUESTIONS 2.0, 3.0, 4.0, 5.0 AND 6.0, ITS AGREED THAT IF SUCH FACTS, CIRCUMSTANCES, SITUATIONS OR CLAIMS EXIST, ANY POLICY OR ENDORSEMENT ISSUED BY US WILL EXCLUDE CLAIMS ARISING FROM THEM, REGARDLESS OF WHETHER THEY WERE DISCLOSED OR NOT.

DECLARATION

The signatory declares:

- that the signatory is authorised to make this declaration on behalf of the all persons and entities seeking insurance.
- that the information supplied in this declaration [and any attachments relating to it] is true and correct.
- that the signatory understands and acknowledges that Nova Underwriting Pty Ltd relies on the information contained in the declaration [and any attachments relating to it].
- the signatory understands and acknowledges that the declaration [and any attachments to it] and any other information supplied to Nova Underwriting Pty Ltd shall form the basis of any contract of insurance subsequently effected.
- that there is no change, except as may be documented above, to the information contained in the last dated proposal for this insurance.

Name of Signatory

Position

Signature

Date