

**No Claims Declaration Form for  
Canadian Therapist Professional Liability Insurance**

Date: \_\_\_\_\_

Holman Insurance Brokers Ltd.  
101-3100 Steeles Avenue East  
Markham ON L3R 8T3

Named Insured: \_\_\_\_\_

Policy Period: \_\_\_\_\_

Policy Number: \_\_\_\_\_

To Whom It May Concern:

This letter shall serve to warrant that the individual proposed to be insured has no knowledge or information of any act, omission, fact, or circumstance which may give rise to a claim under the above captioned policy.

It is agreed that if the individual insured has any knowledge or information of any such act, error, omission, fact or circumstance, any claim arising therefrom is hereby excluded from coverage under the above captioned policy.

It is agreed that this warranty shall be attached to and become part of the policy.

Signature: \_\_\_\_\_

Named Insured

Title: \_\_\_\_\_

Date: \_\_\_\_\_