

**CERTIFICATE OF DECLARATION**

I, \_\_\_\_\_, \_\_\_\_\_, hereby affirm that full and  
*[Name of Principal Officer]* *[Title]*

accurate particulars of every policy under which there is a liability (either existing or contingent) have been furnished to the actuary for the purpose of the investigation.

**Signature:** \_\_\_\_\_  
*[Principal Officer of the Insurer]*

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