

Professional Indemnity Insurance Certificate

1. Particulars

Regarding: *Name of Consultant*

From: *Name of Broker/
Underwriter*

*Address of Broker/
Underwriter*

2. Policy Details

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We are the insurance brokers/underwriter in relation to the Consultant's professional indemnity insurance. We confirm that the details of the Consultant's professional indemnity insurance set out below are true and accurate in all respects.

Name of Insurance Company			
Address of Insurance Company			
Policy No.(s)			
Retroactive Date(s)			
Period of insurance	From:	To:	
Renewal Date(s)			
Occupation as stated in the policy(ies)			
Limit of Indemnity	Each and Every Claim	€	
	Annual Aggregate	€	
Is the uninsured excess per claim at (or below) 2.0% of Consultant's turnover?			Yes
Territorial Limits include Republic of Ireland			Yes
Jurisdiction includes Republic of Ireland			Yes

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Signed

Professional Indemnity Insurance Certificate

Print Name

On behalf of the Insurer or Insurance Broker