



VERIFICATION OF PROFESSIONAL INDEMNITY INSURANCE

PI 1

Name and Address of Insured:

Description of Business:

Policy Number and Name/Address of
Insurers/Underwriters:

Period of Insurance:

Renewal Date:

Retroactive Date:

Limit of Indemnity any one claim.

Limit of Indemnity for all claims
during any one period of Insurance:

Excess applying to each and every Claim:

Total amount of Excess amounts Payable for
All claims during any one period of Insurance:

Are there any Restrictions/Limitations/Warranties
in relation to the Policy connected with the
Project or Brief presented by the Local Authority,
Health Board, Vocational Educational Committee,
Regional Technical College or other Public Body?

If so, could you provide details:

SIGNED on Behalf of the Insurers/Underwriters.....

DATED.....