

VERIFICATION OF PROFESSIONAL INDEMNITY INSURANCE (CONSULTANTS)

1	Name of Insured:		
2	Address of Insured:		
3	Description of Business Insured:		
4	Insurer(s):		
5	Policy Number(s):		
6	Period of Insurance: -- / -- / ----- to -- / -- / -----		
7	Retroactive Date:		-- / -- / -----
8	Limit of Indemnity: a) each and every claim; <u>Or</u> b) any one period of insurance (aggregate)		€..... €.....
9	Please state all inner or sub limits applying to the policy for:	Pollution/Contamination:	€.....
		Asbestos:	€.....
		Fire Safety Advice or Cladding:	€.....
		Others (specify):	€.....
10	Excess applying to each claim		€.....
11	Excess applying to any one period of Insurance		€.....
12	Does cover include the Insured's liability for: a) death, bodily injury or disease to persons (other than employees) resulting from breach of the Consultant's professional duties? b) damage to third party property resulting from breach of the Consultant's professional duties?		YES / NO YES / NO
13	Does cover include the Insured's liability for the negligence of sub-consultants and specialists in the <u>same</u> discipline?		YES / NO
14	Does cover include the Insured's liability for the negligence of sub-consultants and specialists in <u>another</u> discipline?		YES / NO
15	Do the territorial limits & jurisdiction include the Republic of Ireland?		YES / NO
16	Does cover include Joint Venture activities including the consultant's liability for claims which may arise from activities of Joint Venture partners?		YES / NO

Signed & Stamped on behalf of the Insurance Brokers/Insurers:

Dated: