

# Professional Indemnity Insurance Request Form

## 1. Applicant Information

Company/Individual Name

Contact Person

Email Address

Phone Number

Address

## 2. Business Information

Industry/Trade

Description of Professional Services Provided

Year Business Established

Number of Employees

Annual Turnover

## 3. Coverage Requested

Limit of Indemnity Required

**Period of Insurance (Start & End Date)****Do you currently hold Professional Indemnity Insurance?**

Select

**4. Claims History****Have any claims been made against you in the last 5 years?**

Select

**If yes, please provide details****5. Declaration****I declare that the information provided is accurate and complete to the best of my knowledge.****Signature****Date**