

# 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?**

#### **4. Claims History**

**Have any claims been made against you in the last 5 years?**

**If yes, please provide details**

#### **5. Declaration**

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**I declare that the information provided is accurate and complete to the best of my knowledge.**

**Signature**

**Date**