



Professional Indemnity Renewal Declaration

Insured:

Our Reference:

I/ we confirm that:

- There are no material changes to my / our business (e.g. directors / partners, activities etc.) since the last application form dated _____ and _____
- I / we do not anticipate there will be any material changes to my / our business over the next 12 months (e.g. alterations to the split of work) and _____
- That no claim has been made or loss suffered, whether insured or not, and that I / we are not aware of any circumstance which might lead to a claim in respect of any of the risks to which this insurance relates and _____
- Fee income / turnover for the last completed financial year was: \$ _____
- Estimated fee income / turnover for the coming financial year is: \$ _____
- I / we have stated below any exceptions to the above.

In the event that you are not able to confirm that all of the above statements are true, please provide additional information in the space provided below:

This declaration and previous application/s and any other additional information provided in connection with this renewal or any previous cover will form the basis of the contract of insurance.

Material changes are those that an insurer would regard as likely to influence the acceptance or pricing of your insurance. It is essential that we are informed if there have been any material changes. Failure to disclose a material change may invalidate the policy. If there is any doubt as to whether a fact is material then it should be disclosed.

**Signature of
Principal / Director / Partner / Member:** _____

Date: ___/___/___