

PROFESSIONAL INDEMNITY CLAIM FORM
CLIENT NAME AND ADDRESS:
Policy Number:
Contact Person:
Contacts Position:
Name of Policyholder:
Address Line 1:
Line 2:
Town:
County:
Postcode:
Telephone:
e-mail:
NATURE OF CLAIM (Continue overleaf if necessary and attach any legal proceedings):
State fully how the claim arose, details of loss and what action can be taken to rectify the claim:
Date you became first aware:
Date claim first made to you:
Date first instructed by your client:
Who is the Client / Claimant?:
Are you registered for VAT? YES / NO
Is anyone else responsible?: YES / NO
Please describe the type of project/contract including start/finish dates and cost:
I confirm that the details supplied above are true and complete to the best of my knowledge and belief
Signature of Owner/Director:
Date:



Authorised and regulated by the Financial Services Authority.

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