



CONFIRMATION OF PROFESSIONAL INDEMNITY INSURANCE

This serves to confirm that Professional Indemnity Insurance is in force on the basis detailed below:

The Insured : _____

The Insurers : _____

The Insurance Broker : _____

Policy Number : _____

Limit of Liability : _____

Renewal Date : _____

Mode of Premium Payment : _____ Annually / Monthly

Premiums Paid Up To : _____

We confirm the above information to be true and correct. In the event of cancellation, lapse or termination of the cover, for any reason whatsoever, we will immediately advise Hollard Insurance Company Limited thereof on Fax Number 011 240 1240, for the attention of Hollard Niche Partners.

We will also advise Hollard Insurance Company Limited in the event of any change in the Insurers, Brokers or Limit of Liability.

**SIGNED FOR AND ON BEHALF OF THE
INSURERS / BROKER**

DATE