

Professional Indemnity Insurance Renewal Form

Insured Details

Name of Insured

Policy Number

Contact Person

Telephone

Email

Address

Renewal Period

Period From

Period To

Business Details

Description of Business Activities

Number of Employees

Estimated Gross Income (Next 12 months)

Claims & Circumstances

Have any claims been made against you in the last 12 months?

If yes, please provide details

Are you aware of any circumstances that may give rise to a claim?

If yes, please provide details

Additional Information

Other relevant information

