

**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**