

**PROFESSIONAL INDEMNITY INSURANCE**

**INSURED NAME :**

We hereby declare to the best of our knowledge that there have been no known or reported losses or incidents which may give rise to a claim till today.

We also confirm that there have been no material changes in relation to our business.

Finally we estimate our annual fees for ..... to be .....

Excess €1.500 per claim Yes

**Specific Term, referring to the deductible amount (excess)**

The insurance company in case it is obligated and in its absolute discretion, will undertake the responsibility to pay the full amount of the claim including the deductible (excess) under the terms and conditions of the insurance contract and / or due to its obligations under the Law as agreed between the company and the insured. However, the insured person has an obligation such as within ten (10) days of a written claim is sent to him / her from the insurance company at his last known address via either simple mail and/or email and/or by sending the claim via fax, he will be obliged to pay to the company the deductible amount (excess).

Signed by Insured

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Date

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