Professional Indemnity Insurance
Policy Schedule

PLEASE READ THE ENTIRE POLICY CAREFULLY

Policy Number:

Insured:

Broker Name:

Broker Address:

Professional Services:

Period of Insurance: From 4 pm (Local Standard Time)

To 4 pm (Local Standard Time)

Premium:

GST:

Stamp Duty:

Total:

Limit of Indemnity: each and every Claim and in the aggregate

Excess: each and every Claim, inclusive of costs and expenses

Retroactive Date: , excluding known Claims and circumstances

Policy form: Vero Profin Civil Liability Professional Indemnity Wording Reference: V5675 10/05

Extensions:

1. Continuous Cover
2. Automatic Reinstatement
3. Inquiry Costs (limit $100,000)
4. Dishonesty of Employees
5. Joint Venture Liability
6. Lost Documents

Endorsements:

Per:

Signed for and on behalf of Vero Insurance Ltd ABN 48 005 297 807

Issued in **on**