



St Helena Insurance Cell Captive

Underwritten on behalf of Guardrisk International Ltd.

Professional Indemnity Application

Name of Applicant : _____

Occupation/Business: _____

Estimated Annual Professional Fee Income: _____

Postal Address: _____

Telephone: _____ e-mail: _____

Period of insurance from: _____ to midnight on _____

Limit required: £ _____

Has any action of yours resulted, or could have resulted, in a claim being made against you?
Have you ever been refused insurance or had special terms applied?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If the answers to any of the above questions are 'yes' please provide details below:

Please provide a brief summary of your qualifications and experience below:

I agree that this application will be the basis of the contract of insurance between me and the insurers - St Helena Insurance Cell Captive. The answers given are all true and correct. I have not omitted or concealed any information which the insurers need to assess the risk.

Dated at St Helena : _____ Signature _____