



DECLARATION

PROFESSIONAL INDEMNITY

INSURED NAME:

The authorised representative of the firm or company stated above declares that:

1. AFTER ENQUIRY there have been no known or reported losses or circumstances which could give rise to a claim

And

2. the percentage of Turnover relating to pure design, advice, surveying, training & consultation carried out for a fee does not exceed 10%.

Signed:.....

Dated:.....

Position within Company:.....

NB Signatory is required to be a Director of the Company