

DECLARATION OF COMPLIANCE WITH THE PUBLIC PRACTICE REGULATIONS



A. DETAILS OF FIRM OR PRACTITIONER

- Responsible Principal

- Firm Name

- Address

Firm Number

Member Number

Current Policy
Expiry Date

If cover for this practice is effected through the arrangements of another practice, please complete Part E only, then sign and return this form.

B. DETAILS OF POLICY RENEWAL

Period to be
Covered on Renewal

to

Policy
Number

C. DETAILS OF PROPOSAL FORM

Number of Principals (including salaried partners)

Note 1

Gross fee income declared (as defined in Practice
Regulation 4.10)

Note 2

£

If your gross fee income declared is greater than £600,000, please confirm that the level of cover put in place is adequate in the particular circumstances of your practice, and that the enclosed guidance has been considered.

Signature

D. DETAILS OF COVER

Sum insured - each and every claim

Note 3

£

- aggregate (if any)

£

Excess - each and every claim

£

- aggregate limit per policy year (if any)

£

Retroactive date (if any)

Note 4

E. COMPOUND FIRMS (Note 5)

Does the policy cover any other firm(s) or business(es)? (tick box)

Are your insurance arrangements met by another firm? (tick box)

If yes to either, please give name(s)
(Enclose a separate sheet(s) if necessary)

YES	NO

F. BROKER/INSURER'S CONFIRMATION (Note 6)

I/We confirm that:

- a) I/We have arranged/issued the policy to which this declaration refers, and the cover is in accordance with the details given overleaf.
- b) The "Proposal Form Details" given overleaf match the information submitted to insurers.
- c) The policy is underwritten wholly by one or more of the insurers listed in the Notes.
- d) The policy wording complies with the Public Practice Regulations of the Institute.

SIGNED

NAME

DATE

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**INSURERS' OR BROKERS' STAMP -
STAMP IS REQUIRED**

**Please ensure the insurer is included on the
Participating Insurance List enclosed**

NAME AND ADDRESS OF **INSURER**
(NOT BROKER)

NAME AND ADDRESS OF **BROKER**

G. DECLARATION

I hereby confirm that the above information is correct.

Signed – Senior Principal/Principal responsible for PII

Name (block capitals please)

Date

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