



Unimutual Limited
ABN 45 106 564 372
AFS Licence No 241142

Professional Liability Protection Claim Form

A Member of Unimutual should complete this form to:

- apply for protection under the Professional Liability Protection in respect of a claim that has been made against the Member, an affiliate or a protected person or
- notify an occurrence or a fact or circumstance that might result in such a claim.

Please complete all sections as fully as possible and attach additional pages if necessary together with copies of all relevant documents.

Please contact us if you have any questions in relation to completion of the form.

The completed Claim Form should be sent to:

Unimutual Limited
PO Box H96
Australia Square NSW 1215
Fax 02 9252 9070
Email service@unimutual.com.au

A. Details of Member

1. Member Name

Contact Person

Telephone

Fax

Email

Member Claim Reference, if applicable.

B. Details of Claimant

2. Full Name of Claimant or potential Claimant (i.e. the party who has made or may make a claim)

Address of the Claimant

Postcode

E. Declaration

I, Full Name

Position

of the Member and on behalf of the Member declare the above answers to be true and correct and acknowledge that Unimutual may make its decision to exercise discretion to grant protection having regard to these answers.

Signature

Date