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ISVA 2020 MEMBERSHIP RENEWAL – PROFESSIONAL INDEMNITY INSURANCE RETURN		
Information requested:	Please provide information requested below:	For office use
NAME OF FIRM		
ISVA MEMBERSHIP NO		
VALUE OF PI COVER	£	
VALUE OF POLICY EXCESS	£	
NAME OF INSURER not broker		
NEXT RENEWAL DATE		
RETIRED MEMBERS ONLY Tick one box	RUN-OFF NIL	
ADDITIONAL COMMENTS		
Name of Person completing return and designation if completed on behalf of a Member		
	Click on the button to open an email with your completed form attached.	