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ISVA 2021 MEMBERSHIP RENEWAL – PROFESSIONAL INDEMNITY INSURANCE RETURN		
Information requested:	<i>Please provide information requested below:</i>	<i>For office use</i>
NAME OF FIRM		
ISVA MEMBERSHIP NO		
VALUE OF PI COVER	£	
VALUE OF POLICY EXCESS	£	
NAME OF INSURER <i>not broker</i>		
NEXT RENEWAL DATE		
RETIRED MEMBERS ONLY <i>Tick one box</i>	RUN-OFF <input type="checkbox"/> NIL <input type="checkbox"/>	
ADDITIONAL COMMENTS		
Name of Person completing return <i>and designation if completed on behalf of a Member</i>		
	<< Click on the button to open a new email << with your completed form attached.	