

# NORTHERN TERRITORY LEGAL PROFESSION

## COMPULSORY PROFESSIONAL INDEMNITY INSURANCE 2016-2017 AMENDMENT FORM

### IMPORTANT INFORMATION – PLEASE READ

- Please complete for amendments required to your 2016-2017 Certificate of Insurance
- Please read the Important Notices attached before completing Amendment Declaration

1. NAME OF INSURED FIRM \_\_\_\_\_
2. ADDRESS \_\_\_\_\_ Telephone No: ( ) \_\_\_\_\_  
 \_\_\_\_\_ Facsimile No: ( ) \_\_\_\_\_
3. CONTACT PERSON \_\_\_\_\_ Direct Telephone No: \_\_\_\_\_  
 Email Address \_\_\_\_\_

4. AMENDMENT

Addition (A) or Deletion (D)	Full Name of Practitioner (Identify if a Partner with "P")	Date commencing or ceasing as a practitioner with this Firm	Name of practitioner's previous NT Firm

4. DECLARATION

We confirm that we have read the attached Important Notices. We declare that the contents of this form are true and correct.

Signed:

Managing Partner or Practice Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward this completed declaration to Marsh Pty Ltd via email to [karen.searle@marsh.com](mailto:karen.searle@marsh.com) or fax to Marsh Pty Ltd (08) 8981 9311. Any queries please contact Karen Searle on 08 8385 3535 or by email.

Your revised Certificate of Insurance will be emailed directly to you with a copy sent direct to the Law Society Northern Territory. Any premium adjustments will be processed on a monthly basis.