

## Confirmation of Insurance

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<b>From</b>		<b>Date</b>	
<b>Phone</b>		<b>Fax</b>	
<b>Email</b>			

*At the request of the Insured, we confirm having arranged insurance on the following. This Confirmation is only a brief summary of the cover and reference should be made to the Policy Document for the full Terms and Conditions. Should any of the information in this Confirmation be incorrect, please contact our office immediately.*

**CLASS OF INSURANCE:** Professional Indemnity

**INSURED:**

**POLICY NUMBER:**

**INSURER:**

**PROFESSIONAL SERVICES:** Principally design, manufacture, sales, distribution, training and servicing of equipment simulators including property owners/occupiers / Computer Consultancy Services

**INTEREST INSURED:** Insurers agrees to indemnify the Insured against civil liability for compensation and claimants costs and expenses in respect of any Claim first made against the Insured and notified to the Insurer during the Period of Cover resulting from the conduct of the Professional Services.

**PERIOD OF INSURANCE:** From:  
To:  
Office

**LIMIT OF LIABILITY:** In respect of any one claim or series of claims arising out of the one event during the period of insurance. \$10,000,000

**TERRITORIAL LIMITS:** Worldwide

**SIGNED ON BEHALF OF CKA:** .....

**Mayne Pegus**  
**Account Director**

EXAMPLE DOCUMENT ONLY