

### Professional Indemnity Insurance Disclaimer

I Dr ..... confirm that I hold my own Professional indemnity Insurance to cover my scope of my practice as an Agency locum. The insurance has a minimum cover of £10 million, I will maintain this cover for the duration of my agency work and will inform Pathology Group immediately should my insurance expire or become invalid. (Please note that your substantive post professional indemnity insurance will not cover you for agency work).

Insurance Organisation: .....

Level of Cover: .....

Policy Number: .....

Expiry Date: .....

Name: .....

Signed: .....

Professional Body Registration: .....

Dated: .....