

# Architectural Practice Board of South Australia

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## Professional Indemnity Insurance

Form 12

### EMPLOYER'S DECLARATION

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Name of employer \_\_\_\_\_

Address of employer \_\_\_\_\_

\_\_\_\_\_

Contact person \_\_\_\_\_

It is declared that:

\_\_\_\_\_ is employed by  
name of employed architect

\_\_\_\_\_ name of employer

and that he/she is covered by professional indemnity insurance provided by this organisation.

#### **This professional indemnity insurance:**

provides minimum cover of at least \$1 Million    Yes     No

Signed \_\_\_\_\_.

Name in full \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_