

SCHEDULE 3

Form of Confirmation of Cover

THE LAW SOCIETY OF IRELAND

CONFIRMATION OF MINIMUM LEVEL OF COVER

Name of Firm:

Address of Firm:

Coverage Period:

Policy Number:

Name of Underwriter(s) or Lloyd's syndicate(s) (in the case of Lloyd's syndicates the number(s) of the syndicate(s) providing the cover should be noted, together with the percentage of cover provided by each syndicate):

[Name of Insurer]

We confirm that for the coverage period specified above cover in accordance with the Minimum Terms and Conditions (as defined by The Solicitors Acts 1954 TO 2011 (Professional Indemnity Insurance) (Amendment) Regulations 2015) is in place and that the cover provided is in compliance with the requirements of the Regulations in respect of the conduct of business by the above named Firm.

Signed by: _____

For and on behalf of: _____

*Please note that the confirmation of cover should either be printed on your professional notepaper or contain your company stamp.

**THIS FORM SHOULD ONLY BE COMPLETED BY A PARTICIPATING INSURER
OR THE BROKER WHO HAS ARRANGED THE COVER**