

The Registrar
The Physiotherapy Board of South Australia
GPO Box 1270
ADELAIDE SA 5001

PROFESSIONAL INDEMNITY INSURANCE

EMPLOYERS DECLARATION

Name of employer.....

Address of employer.....

.....

.....

Contact person

It is declared that:

.....is employed by/will be employed by
(name of employed physiotherapist) (subject to registration)

.....
(name of employer)

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

This professional indemnity insurance:

- provides cover of at least \$5,000,000 any one claim and \$15,000,000 in aggregate Yes No
- has no exclusions relating to scope of practice Yes No
- provides run-off cover for an unlimited period Yes No

Signed.....

Name in full.....

Position.....

Date.....