FIRSTRECOVERY
Professional Fees Edition

SCHEDULE

PRINT SAVE

Policy number	
Name of Insured	
Policy Period	**From :** **To:**
Address of location covered by this Policy **NOTE: a separate Schedule is required to be completed for each location covered by the Policy**	Address Postcode
Service provided under section 2 – at loss	**up to 6 staff recovered** ☐ (please tick) **up to 12 staff recovered** ☐
Limit of Indemnity under section 3 – post loss	**£50,000 any one claim**
Franchise under section 3 – post loss	**£25,000**
Policy Premium **IPT** **Total Premium**	

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