



RENEWAL QUESTIONNAIRE

**INSURANCE SCHEME
FOR**

CLINICAL & OCCUPATIONAL INTEREST GROUPS

Associated With The Chartered Society of Physiotherapy

We wish/do not wish (please delete as necessary) to be included within the enclosed insurance cover arranged for Clinical and Occupational Interest Groups. We have read and understand the details of cover provided, and agree to abide by the terms and conditions of the policy(ies) copies of which I understand are freely available on request.

Name of Group (in full)				
Full Details of Activities				
Name of Contact Official				
Correspondence Address				
Email:				
Telephone Number:				
Fax Number:				
We wish to be included in the	General Insurance Cover	Y/N	Medical & Professional Liability Cover	Y/N

Signed _____

Name _____

Position _____

Date _____

This form should be returned direct to Mr. W. Hulse, LFC Graybrook Limited, MKM House, Baron Road, South Woodham Ferrers, Essex, CM3 5XQ.