



Auctioneers & Valuers Association of Australia (Inc.)

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PROFESSIONAL INDEMNITY INSURANCE

I (full name)

of (address)

..... (post code)

being a Director / the Proprietor of

.....

A.B.N.

Address

..... (post code)

hereby certify that the above Corporation / Business holds a current Professional Indemnity
Insurance Policy to a minimum cover of / in excess of \$ 500,000

With (insurance company name)

.....

Policy Number Expiry Date

Signed Director / Proprietor

Date

RETURN TO AVAA OFFICE