

Professional Indemnity Insurance (PII) Statement of Compliance

Please return your completed statement to ARB, either by post to 8 Weymouth Street, London W1W 5BU, by fax to 020 7436 5269, or by email to professionalstandards@arb.org.uk. You can also complete the Statement online at <https://registrants.arb.org.uk>

If you have any questions about this statement, please call the Professional Standards Department on 020 7307 6540.

Please tick whichever box is relevant to you. You should tick more than one box where this reflects your activities. Please note that you are expected to maintain appropriate cover for work conducted worldwide.

A. Architects expected to carry professional indemnity insurance

I confirm that:

Please tick all
boxes that apply

1.	I am in practice or business related to architecture and I carry professional indemnity insurance (e.g. self employed, partner or director of a business)	<input type="checkbox"/>
2.	I am an employed/consultant architect and my employer/client carries professional indemnity insurance which covers work undertaken by me in connection with that employment.	<input type="checkbox"/>
3.	I am an employed architect in the public sector and my employer provides appropriate protection for my work.	<input type="checkbox"/>
4.	I undertake unpaid and/or charity work and I am satisfied that appropriate protection/ professional indemnity insurance is provided on my behalf.	<input type="checkbox"/>
5.	I am retired/not currently working and I maintain run-off insurance cover.	<input type="checkbox"/>
6.	I am retired/not currently working and run-off insurance cover for my previous activities has been provided for.	<input type="checkbox"/>

B. Architects not expected to carry professional indemnity insurance

I confirm that:

1.	I am not in practice or business related to architecture, nor do I need run-off insurance cover for my previous activities.	<input type="checkbox"/>
2.	I solely teach, lecture or write on architecture and I do not need run-off insurance cover for my previous activities.	<input type="checkbox"/>
3.	I am fully retired and I do not need run-off insurance cover for my previous activities.	<input type="checkbox"/>

Please note that all architects, irrespective of employment status, should complete this statement

Name:

Registration Number (where applicable):

Signature:

Date: