



**A11 - Trustee insurance** *(complete this section for each insurance policy)*

Class of insurance

Name of the insurer

ABN

Name of the insured

Period of insurance

D	D		M	M		Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
to									
D	D		M	M		Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Fidelity cover Yes  No

Fraud cover Yes  No

Indemnity limits Attached

Insurance policy Attached