



**PROFESSIONAL INDEMNITY PROPOSAL FORM**

FULL NAME OF PROPOSER .....

ADDRESS .....

OCCUPATION/BUSINESS .....

TELEPHONE NO. .... FAX .....

WHEN WAS THE COMPANY ESTABLISHED?.....

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Details of all principals or partners:.....

Names:	Qualifications, dates, qualified/total Duration of professional experience, How long in the same area?	Position held in Company and how long
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(i).....

(ii).....

(iii).....

(iv).....

(v).....

Total number of principals, partners and staff

- Principals, Partners or officers
- Sales persons
- Staff other than typists and offices staff(*please specify*)
- Typists and office staff

**Nature and volume of your present and foreseeable future activities**

1. Describe your company by showing the percentage of gross profits to be received from all activities during the current fiscal year  
 .....  
 .....  
 .....  
 .....
2. Does the company's practice extend or has it ever extended to activities abroad?  
 if so, please indicate  
 Yes  No 
  - a. In which countries and respective share of total business?  
 .....  
 .....  
 .....
  - b. Method of handling such business
3. Please indicate your fiscal year.....  
 What are the gross turnover for:-
  - a. Last fiscal year? .....
  - b. Current fiscal year? (*Estimate*) .....
  - c. Next fiscal year? (*Estimate*) .....

**Previous insurance/previous claims**

- Have you previously been insured: Yes  No

If so please specify:

	<b>Name of Insurer</b>	<b>Policy period</b>	<b>Limit of indemnity</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			

- Have any claims been made during the past 5 years against your company?  
Yes  No

If so, please advise amount and background of each claim

- Is your company aware of any circumstances or incidents, which may result in a claim against your company?  
Yes  No

**Indemnity required**

- Limit any one claim .....
- Aggregate limit .....

**Edorsement to basic cover**

- Extended claims reporting period      Yes                       No
- Loss of documents                              Yes                       No

If so, up to what amount? .....

I/We warrant that the above statements and particulars are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by Me/Us, shall form the basis of any contract of insurance effect thereon. Signing this proposal form does not bind the Proposer or Underwriter to complete this Insurance.

**Signature** .....

**Date** .....

**Broker/Agent** .....

