

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY

**Applicable to
ACCOUNTANTS/SOLICITORS/LAWYERS/COUNSELS/FINANCIAL
CONSULTANTS**

This proposal must be signed. All questions must be answered.

The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

1) Name & Address of Proposer

2) When established

3) Full details of work carried on
(Please attach brochure, information booklet,
etc., if any & specimen copy of contracts
entered into)

4) a) Names in full of all Partners/Directors/
Principals Qualifications in full Date qualified in this
practice

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b) Is coverage required in respect of past work for any
Partner/Principal, who has left, retired or died? YES/NO.
If 'YES' please give the following

Full Name	Qualifications	How long Principal in this practice
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5) State:

- a) No. of qualified accountants/lawyers
No. of professionals
No. of administrative personnel including clerks, typists, office boys, etc.,
No. of apprentice

b) Total amount of annual wages payable

6) Do you engage persons outside your organization?

If yes, specify the details of purpose and nature of control exercised by you over them (specimen contract be enclosed).

7) Loss record for 5 years:

Year	Cause	Kind of Loss	Amount of Loss
19			
19			
20			
20			
20			

8) Have you during the past 12 months dismissed or do you contemplate dismissal of any member of staff on account of any omission, neglect, error or for like (please give full details)

9) Are you aware of any neglect, omission or error or existence of any circumstances likely to give rise to a claim?

	Year	Fee
10) (a) Annual fees earned during the last five years	19__	
	19__	
	20__	
	20__	
	20__	

(b) Estimated fees for the current year

11) Previous Insurance history

12) Limits of Indemnity required: Any One year-Rs.
Any One Accident-Rs.

13) Voluntary Excess

14) Period of Insurance Required From To

I/We hereby declare that the above statement and particulars are true and I/We have not suppressed or misstated any material facts and that at the present time I/We have no reason to anticipate any claim being brought against me/our for any negligent act, error or omission on my/our part and against the company and agree that this declaration shall be the basis of the contract between me/us and the Insurer. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We also agree that the indemnity under the insurance shall not be availed for claims arising out of acts of negligence, error or omission or misconduct committed PRIOR to commencement of this insurance.

Date:

Place:

SIGNATURE OF PROPOSER

- Note 1. The liability of the company does not commence until the proposal has been accepted by the Company and full premium paid.
2. If space is found insufficient, please attach separate sheets for details.
 3. Premium will be quoted on application.
 4. Insurance is the subject matter of solicitation.

PROHIBITION OF REBATE -- Section 41 of the Insurance Act 1938

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebates as may be allowed in accordance with the published prospectuses or tables of the Insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Rupees.

FOR OFFICE USE -

MARKETING / DEVELOPMENT OFFICER'S REPORT

The Proposer is known to me/my agent / Broker for ___ years and I recommend acceptance of this proposal.

Name and Code No.

Signature of Dev. Officer / A/AO-D

ACCEPTED BY	DATE & TIME	RATE	REMARKS
CODES - OFFICE /DEV. OFFICER / AGENT /BROKER- COLLECTION / SCROLL NO		POLICY NO.	