

This Proposal form has been compiled in such a manner as to provide Insurers with as much detail as possible with regard to evaluation of the Insurance requirements.

Completion of this form does not bind the Proposer or Insurers to complete the Insurance transaction.

To assist the Insurers in accurately assessing liability for rating purposes, Proposers are requested to answer all the following questions with either: relevant details. "YES" or "NO" or "NIL" answers

**1. NAME OF INSURED**

1.1 TITLE OF INSURED/PRACTICE

1.2 PRESENT LEGAL CONSTITUTION

Sole Practitioner  Partnership  Incorporated Company  Limited Company  Close Corporation

**2. ADDRESS OR ADDRESSES OF PRACTICE/FIRM**

(i) Principal Office: Address

Partner/ Principal in charge

(i) Principal Office: Address

Partner/ Principal in charge

**3. DATE OF COMMENCEMENT OF PRACTICE/FIRM**

(i) As currently constituted

(ii) As initially established

**4. DISCIPLINE(S) IN WHICH ENGAGED**

a)

b)

c)

d)

e)

f)

## 5. NAMES AND QUALIFICATIONS

(i) In the case of Partnership – Partners

Name

Qualification

Date Qualified

How long in this Practice?

(ii) In the case of Companies – Directors

Name

Age

Qualifications

How long as a Director

How long with with the Company

**\*IN ALL THE CASES ATTACH DETAILED CURRICULUM VITAE FOR THE KEY STAFF**

6. Have any claims been made against the proposed Insured /Partners/ Directors which will be covered under a policy for which you are now applying.

Yes  No

If yes, please give details

7. Are any of the Proposed Insured/Partners/Directors AFTER ENQUERY, aware of any circumstances which would be covered under a policy of this type that may result in any claims or a possible claim being made against that policy.

Yes  No

If yes, please give details

8. Are you at present or have you in the past been insured?

Yes  No

If yes, please give details

(i) In the case of Partnership – Partners

a) Name of Insurers

(b) Indemnity Limit of \$  Excess of \$  each and every claim

(c) Date of expiry of coverage

(d) Whether policy includes “Run –off” cover?

Yes  No  And if so, for what period

9. a) Please provide gross fees/income/revenue received during the past five years:

20  \$

20  \$

20  \$

20  \$

20  \$

b) Estimated Gross Fees for the coming 12 months: \$

**NB: Please attach the firm’s latest audited financial statements**

10. a) Required Limit of Indemnity

b) Period of Insurance from  to

c) Is indemnity to apply to any Principal who has left/retired/died?

Yes  No

If “yes” please state:

Name

Qualification

Date Qualified

How long in this Practice?

11. For the type of Insurance now being proposed, has any Insurer ever:

a) Declined a proposal or renewal for this Practice or any Partner/ Principal?

Yes  No

b) Required an increased premium or imposed special terms?

Yes  No

c) Cancelled an insurance?

Yes  No

If any answer is "YES" please give full details

## 12. RETROSPECTIVE COVER

Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated?

Yes  No

## 13. REINSTATEMENT OF LIMIT

The Limit of Indemnity selected is in respect of any one claim and in the aggregate for any one period of insurance. You can elect to take the automatic reinstatement of limit option before the commencement of the period of insurance

Yes  No

There are two options

One times limit  Two times limit

## Declaration

I/We hereby declare that the above statements and particulars contained in this proposal are true and complete at the present time, other than as stated above, I/We have no reason to anticipate any claim under the insurance now being requested. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Signature of Proposer

Title/Position within the Organisation

Date