

PROFESSIONAL INDEMNITY PROPOSAL FORM
 Part 1 – General Information

The proposal must be completed and signed by the Insured. This proposal is a quotation request and shall form the basis of the insurance contract between the Insured and the Insurer, on acceptance thereof by both parties. Making any false statements or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, as the case may be. A material fact is any fact that might influence the acceptance of the risk.

1. Inception Date:

D	D	M	M	Y	Y	Y	Y
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 Broker:

Name of Insured:

Name of Insured Practice:

Contact Person: Contact No:

Postal Address:

Registered Address:

Identity Number:

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 Registration No:

Telephone Number: Fax Number:

Email Address: Website:

Date established:

D	D	M	M	Y	Y	Y	Y
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PRESENT LEGAL CONSTITUTION

(please mark the box with an (x))

Close Corporation Limited Co. Partnership Sole Practitioner Incorporated Co.

2. Date of Commencement of Practice:

2.1 As currently constituted 2.2. As Initially established

3. Disciplines(s) in which engaged

4. Names & Qualifications of Directors

Name	Qualification	Date Qualified	How long in practice

4.1 Number of other employees:

5. Finance Details

Please state your total fee income / commission (including fees paid to sub contractors and consultants)

Previous year: Estimated for this year:

5.1. Indemnity Limit required

5.2. Excess

5.3. Retroactive Date

5.4. Reinstatement of Sum Insured YES NO

5.5. Dishonesty of Staff: YES NO

5.6. Libel and Slander: YES NO

5.7. Loss of Documents: YES NO

5.8. Computer Crime: YES NO

6. Claims History

6.1. Has the company had any claims in the past five years? If "yes", please give details.

6.2 Has the company ever been declined Professional Indemnity / Fidelity Guarantee Insurance? If "yes" please specify:

6.3 Is any partner or director of principal aware, after inquiry, of any circumstances, which may result in any claim, being made against the firm, their predecessors in business or any of the present or past partners or directors of principal? If "yes" please specify:

6.4 Are you at present or have you in the past been insured? If "yes" please specify:

6.5 Is Indemnity to apply to any Principal who has left / retired / died? If "yes" please specify:

Name	Qualification	Date Qualified	How long in practice

PROFESSIONAL INDEMNITY PROPOSAL FORM
 Part 2 – Motor Dealers

1. Staff Complement

Total number of:

- a) Salesman (Insurance)
- b) Salesman (Conduits)
- c) All other Staff:
- d) Total Complement:

2. Address(es) of Dealership

		Address	Partner / Principal in Charge
2.1	Principal Office		
2.2	Subsidiary Office		

3. Date of Commencement of Dealership

- 3.1 As currently constituted: 3.2 As initially established:

4. Insurance(s) in which engaged

5. Business Activities

- a) Volume of Business (Financial Year End)
 Please advise for the past 3 years

	Year Ended	Total Written Premium	Total Revenue (Commissions & Fees)
1.			
2.			
3.			

- b) As currently constituted:

- c) Do you expect any major changes to the above in the forthcoming year: YES NO

If "Yes", please give full details and reasons.

6. Names and Qualifications of Principals

- i) In the case of Partnerships – Partners
- ii) In the case of Incorporated Companies – Directors
- iii) In the case of Limited Companies – Professionally qualified Directors and Employees
- iv) In the case of Close Corporations – Members

Name	Qualification	Date Qualified	How long in Practice

7. Approximate percentage of estimated Gross Income accruing from various activities

	Percentage
i) Life (including HP Protection & Retirement Annuity Business)	%
ii) Motor	%
iii) Other activities (to be specified fully)	%

Please give full details of such work on a separate sheet.

8. Business Associations

Details of all Joint Broking appointments held by Proposer

Client	Type of Portfolio	Joint Broker	Apportionment of Work / Fees

9. Acceptance / Claims Authority

Do you have any Binding Underwriting and/or Claims Settlement Authorities, otherwise than in Terms of Standard Agency Contracts? YES NO

If "Yes", Please refer to Carl Greaves Brokers

10. Are you a member of any of the following Professional Associations?

SAIBA YES NO ILPA YES NO LUASA YES NO

FIA YES NO SAUMA YES NO

11. Have any claims ever been made against the proposed Insured / Partners / Directors / Member or Employees for the type of cover for which you are applying? YES NO

If "Yes", please give full details (attach page to the back if necessary)

12. Are you at present or have you in the past been Insured? YES NO

If "Yes", please state:

- a) Name of Insurer
- b) Indemnity Limit Excess of For each and every claim
- c) Date of Expiry coverage:
- d) Whether Policy includes "Run-off" Cover: And if so, for what period

13. 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 Practice

14. Quotation Required

Limit of Indemnity		
R	R	R

15. Deductible (Excess)

16. 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 Insurance? YES NO

If any answer is "Yes", please give full details.

Declaration
 I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete.
 I/We confirm that we have not misled or misinformed underwriters of any material facts, and agree that this proposal form shall be the basis of the insurance contract

Name:

Date

Title/Position:

Signature

** If this Proposal is being completed for the renewal of an existing Admiral, please remember cover lapses automatically at midnight of the last day of your expiring policy, unless a written extension not longer than 10 days is requested and has been granted from Underwriters, or renewal terms have been accepted.