



2nd Floor Platinum Place, Ridge (End of Kanda Highway), Accra.
P. O. Box GP 21222, Accra.
Tel: 0303 976799 / 0302 968293 / 0302 233499 / 0302 229062

PROFESSIONAL INDEMNITY – PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

1. FULL NAME OF PROPOSER: _____

2. ADDRESS: _____
3. OCCUPATION / BUSINESS: _____
4. TELEPHONE NO.: _____
5. EMAIL: _____
6. WHEN WAS THE COMPANY ESTABLISHED: _____

7. Details of all principals or partners;

NAME	QUALIFICATIONS	DURATION OF PROFESSIONAL EXPERIENCE	DATE OF JOINING THE COMPANY	POSITION HELD IN COMPANY

(Note: Please attach a supplementary sheet if the above is not exhaustive)



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8. Total number of Employees under various categories

- Principals or Partners _____
- Sales persons _____
- Clerical Staff _____

9. Please provide a full description of the activities undertaken by the proposer.

10. Is the proposer admitted to any Association or accredited to any quality systems?

Yes No

If yes please provide details _____

11. Does the proposer have written procedures or checklists for the service performed?

Yes No

If yes please provide details _____

12. Does the proposer subscribe to any form of Continuing Professional Development?

Yes No

If yes please provide details _____



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13. What are the proposer's procedures in reviewing the work undertaken by staff and partners?

Nature and volume of your present and foreseeable future activities

14. Describe your company by showing the percentage of gross profits to be received from all activities during the current fiscal year

15. Does the company's practice extend or has it ever extended to activities abroad?

Yes No

a) If yes, please indicate in which countries and respective share of total business? _____

b) Method of handling such businesses _____

16. Please indicate your fiscal year: _____

What are the gross turnovers for:-

a) Last fiscal year: _____

b) Current fiscal year: _____

c) Next fiscal year: _____



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Previous Insurance History

17. Have you previously been insured? Yes No

If so please specify:

Name of Insurer	Policy period	Limit of indemnity
1.		
2.		
3.		
4.		
5.		

18. 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 _____

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

Indemnity required

a) Limit any one claim _____

b) Aggregate limit _____



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Endorsement to basic cover

- | | | | | |
|-------------------------------------|-----|--------------------------|----|--------------------------|
| a) Extended claims reporting period | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Loss of documents | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If so, up to what amount? _____

PERIOD OF INSURANCE

Insurance to commence on _____ 20 ____ to _____ 20 ____

DECLARATION

It is the duty of the proposer to disclose all material facts relevant to the risk. A material fact is one that is likely to influence our judgment and acceptance of your proposal. If your proposal is a renewal, it should include any change in facts previously advised to us. If you are in any doubt about facts considered material, disclose them. Please note that failure to disclose a material fact or if any information provided proves to be incorrect, we may void your policy and decline to pay any claim.

I/We declare that the statements and particulars made by me/us in this proposal are, to the best of my/our belief, complete and true and I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of the contract of insurance effected thereon.

I/We further declare and agree that if the statement and particulars above have been completed in the handwriting of any other person other than the undersigned, such person is deemed to be the representative of the proposer for the purpose of completing this proposal.

Signing this proposal form does not bind the **INSURER** to complete this insurance.

Date: _____ **Signature:** _____

Agent /Broker: _____