

**PROFESSIONAL INDEMNITY  
PROPOSAL FORM  
MISCELLANEOUS CLASSES**

**IMPORTANT:**

- 1.** The answers to this form preferably should be typed, or alternatively this form may be completed in ink. The form must be signed by a Partner or Director of the Firm.
- 2.** All questions must be answered. If not, no quotation will be given. The completion and signature of this form does not bind the Proposer or Underwriter to complete a contract of insurance.
- 3.** If you have insufficient space to complete any of your answers, please continue on your headed paper and attach it to this form.
- 4.** It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence a prudent insurer's judgement and acceptance of your proposal. If your proposal is for renewal, it should include any changes in facts previously advised to insurers.

**1.** Name of Firm and date when first established, including subsidiary, associated or predecessor firms for which cover is required.

**2.** Address .....

Address of branches .....

.....

.....

.....

**3.**

Names of all Directors / Partners	Qualifications Please provide curriculum vitae if no relevant institute / academic qualifications	Year obtained	How long a Director/Partner is in Firm	If less than 5 years' practical experience in this occupation, please give details of previous occupation.

**4. a.** Total number of staff, other than Typists/Clerical Workers .....

**b.** Typists and Clerical Workers .....

**5.** If sole Director / Partner, please answer the following:

Is this a part-time occupation? **YES** ☉ **NO** ☉

If yes, please give brief details of present full time occupation.

**6.** Description of Firm's activities for which cover is required:  
(if there is more than one activity, please detail percentage split for each category)

**7.** Are any major changes in the Firm's activities planned or expected within the next two years? **YES**  **NO**

If yes, please give details

**8.** Is the Firm or any of the Directors / Partners connected or associated (financially or otherwise) with any other Firm, Company or Organization? **YES**  **NO**

If yes, please give details

Director / Partner	Nature and name of association

**9.** Does the Firm perform work outside the U.K., or work for clients outside the U.K.? **YES**  **NO**

If yes, please give details, including countries and proportion of fees from this work.

**10.** Does the Firm use a standard form of contract, agreement or letter of appointment? **YES**  **NO**

If yes, please enclose copies

**11.** Does the Firm issue any Brochure, Leaflets, Books, etc. describing the Firm's services or offering any service or facility? **YES**  **NO**

If yes, please enclose copies

**12.** Please give the amount of gross income/fees from the following:

- a.** Last financial year: \_\_\_\_\_
- b.** Previous financial year: \_\_\_\_\_
- c.** Current financial year (estimate): \_\_\_\_\_
- d.** Date of financial year end: \_\_\_\_\_
- e.** Largest annual fee from any one client: \_\_\_\_\_

**13.** Is any work put out to sub-contractors? **YES** ☉ **NO** ☉

If yes, please give details, including:

- a.** Does the Firm require sub-contractors to carry insurance and for what limit? \_\_\_\_\_
- b.** What percentage of the Firm's fees is paid to sub-contractors? \_\_\_\_\_
- c.** Nature of sub-contracted work \_\_\_\_\_

**14.** Previous Applications for Insurance

Has any Proposal for similar insurance made on behalf of the Firm, any predecessors in business or present Partners or Directors, ever been declined or has such insurance been cancelled or renewal refused or special terms imposed?

**YES** ☉ **NO** ☉

If yes, please supply details

**15.** Present Insurance. Please give particulars of the Firm's present insurance.

Amount of Indemnity	Excess	Premium	Insurer	Renewal Date	How long continuously insured

**16.** Have any claims been made against the Firm or its present or past Directors / Partners (whether insured or not?)

**YES** ☉ **NO** ☉

If yes, please give details

**17.** Are any of the Directors / Partners, AFTER INQUIRY, aware of any circumstances which may give rise to a claim against the Firm or its predecessors in business or any of its present or former Directors / Partners?

**YES** ☉ **NO** ☉

If yes, please give details

18. What limit of indemnity is required? (please tick)

AED 250,000                      AED 500,000                      AED 1,000,000

19. What is the amount of the excess which your Firm would be prepared to carry in respect of each claim? (please tick)

AED 2,500    AED 5,000    AED 10,000    AED 25,000    AED 50,000    AED 100,000 or AED

.....

(Underwriters require minimum excesses, depending on the size, type of work undertaken).

20. Do you require insurance for:

- |   |  |  |
|---|--|--|
| <b>(a)</b> Loss of Documents<br>If "Yes", then indicate what<br>limit | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> | (Delete where Applicable)<br>AED 5,000, AED 10,000, AED<br>..... |
| <b>(b)</b> Dishonesty of Employees                                    | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> | (Delete where Applicable)  |
| <b>(c)</b> Libel or Slander   | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> | (Delete where Applicable)  |

**I/We declare that the statements and particulars in this Proposal 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 effected thereon. We undertake to inform Underwriters of any material alteration to these facts occurring before or after the completion of the Contract of Insurance.**

Dated this                      day of    20

For and on behalf of

\_\_\_\_\_ (insert name of firm)

Signature of Partner or Principal

\_\_\_\_\_