

PROFESSIONAL INDEMNITY POLICY

PROPOSAL FORM

**YOU SHOULD FULLY AND FAITHFULLY GIVE THE FACTS YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THIS POLICY**

1. Names and address (es) of the Company or Partnerships (hereinafter referred to as the "Firm").

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2. Telephone No. .... E-mail address.....

3. (a) Trade or Business receive

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(b) Give general description of activities carried out by proposer

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4. Number of Partners (or Directors) and Staff

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(a) Partners or Directors

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(b) Total Staff

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(c) Total

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5. Full name of each Partner, and/or Directors, their qualifications and previous employment.

Name	Qualification	When Qualified	How long practicing as a Partner in the Firm	Previous Firm(s)

6. Except in the case of limited liability Companies, during the last six years has

(a) the name of the Firm been changed,

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(b) any other Firm amalgamated or merged with the Firm?

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If so, please give particulars.

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7. Is the Firm a member of a Professional Association?

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If so, please give details.

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8. a) Total indemnity required (inclusive of any extensions).

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b) Do the Firm requires:-

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|---|-----------------|
| Extension 1 - Loss of Documents                 | <b>1.</b> ..... |
| Extension 2 - Libel and Slander                 | <b>2.</b> ..... |
| Extension 3 - Fidelity                          | <b>3.</b> ..... |
| Extension 4 - Amendment of dishonesty exclusion | <b>4.</b> ..... |

9. If Extension 3 (Fidelity) is required please answer the following questions

a) Amount of insurance required

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b) Has the Firm any Fidelity Guarantee Insurance Policy in force at present?

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If so, please give particulars

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c) Has any insurer ever cancelled or refused to accept or continue any Fidelity Guarantee Insurance Policy for the Firm or in respect of any of the Firm's employees?

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d) (i) Has the Firm sustained any loss through the fraud or dishonesty of any employees?

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(ii) Does the Firm know of any fraud or dishonesty at any time of any present or former employees?

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If so, please give details and state the precautions taken to prevent a recurrence.

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e) Is there a complete annual audit by a firm of Professional Accountants?

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f) Does the Firm always obtain satisfactory references when engaging employees?

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g) (i) Is any employee allowed to sign cheques on his signature alone?

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(ii) If so, up to what amount?

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h) (i) How often are the entries in the Cash Books checked with the vouchers and reconciled with the Bank statements by a Director or Company Secretary (other than the Head Cashier and/or Chief Book keeper)?

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(ii) Do you use a facsimile cheque signing machine?

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10. Has any application for Insurance of this nature made on behalf of the Firm or their predecessors in business or any of the present Partners and/or Directors ever been declined or has any such Insurance ever been cancelled or renewal refused or have special terms been imposed? If so, please give full particulars.

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11. Have any claims ever been made against the Firm or their predecessors in business or any of the present or former partners and/or Directors? If so, please give full particulars.

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12. Are any of the Directors and/or Partners aware of any circumstance which is likely to give rise to a claim against the Firm or their Predecessors in business or any of the present or former Partners? If so, please give full particulars.

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**N.B. IT IS IMPERATIVE TO ANSWER ALL QUESTIONS CORRECTLY AND TRUTHFULLY; FAILURE TO DO SO COULD PREJUDICE THE FIRM'S RIGHTS.**

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mistated any material facts and I/we agree that this Proposal Form shall be the basis of the contract with the Company.

Name of Firm .....

\* By (Partner) .....

Date .....

\* If Partnership this Proposal Form must be signed by a Partner. Signature of the Form does not bind the Firm or the Company to complete the Insurance.

