



iINSURANCE
Standard Alliance Insurance PLC
RC: 40590

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

1. Name of Firm: _____
2. State when established _____
3. Address/Addresses: _____

- Office Telephone No _____ Mobile No. _____

4. **Please give the following:**

Names of Partners & Qualified Managers	Qualification	Date Qualified	How Long in Practice

5. Total number of Professionals & Staff: _____

6. (a) Which Professional Association or Body is your firm a Fellow, Associate or Member: _____

- (b) Class of Membership: _____
7. Have you previously held or do you now hold Professional Indemnity Policy? _____
If YES give details: _____

8. Has any application or renewal for this type of indemnity been
(a) Declined? _____

- (b) Subject to increased premium? _____
- (c) Subject to special restrictions? _____

9. Have you recently discharged or are you contemplating discharging any of your staff for any omission, neglect or error?

If YES please give full details: _____

10. Has any claim been made against your firm in the past?

If so give particulars: _____

11. Is there any claim outstanding or any circumstances which might give rise to a claim against this Practice? _____

12. Amount of Indemnity Required: **N** _____

13. Gross Fees Earned during last Financial Year: **N** _____

14. Period for which Indemnity is required: _____

I/We declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated or suppressed any material fact, that at the present time I/We have no reason to anticipate any claim being brought against me/us for any negligent act, error or omission on the part of any member or employee of this practice or their predecessors in business. 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. I/We undertake to inform the Company of any material alteration to these facts whether occurring before or after completion of a contract of Insurance.

Dated this _____ day of _____ 20_____

Signature of Partner/Principal: _____

FOR AND ON BEHALF OF: _____

N.B:

No insurance is in force until the Proposal has been accepted by the company and the Premium or Deposit paid.