

For Office Use only:

Scrutiny No	Receipt No	Policy No

For Agent Use Only:

IMD Code	Sub IMD Code	Mobile No.

Emp/ LG Code

BAJAJ ALLIANZ PROFESSIONAL PROTECT INSURANCE POLICY ARCHITECTS: PROPOSAL FORM

NOTICE TO THE PROPOSED INSURED**a) Disclosure of Relevant Facts****Your Duty of Disclosure**

Before you enter into a contract of insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know. The disclosures that you make are relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. Claims or circumstances, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

b) Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the Proposal Form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover. You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer(s) or the Insurer(s) to complete a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

This is a proposal form for a Policy relating to claims made against the Insured during the Policy Period.

1. GENERAL INFORMATION

(a) Name of Policyholder _____

(b) Address of Principal Office _____

(c) Date of Establishment _____

(d) Website Address _____

(e) Please list all additional business entities (whether or not currently trading, including year of establishment and year of cessation if applicable)

(f) Please list addresses of all other offices currently trading

(g) Is/are the firm(s) or any principal, partner or director a member of a consortium, joint venture, single project partnership or group practice? YES NO

If "YES", please supply details:

(h) Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)? YES NO

If "YES", please supply details:

2. STAFF AND PARTNERS

(a) Please give details of any principal, partners or directors:

Name	Date of Birth	Relevant Qualifications	Year became Partner/Director

(b) Please give details of Staff within the Architects Department:

Name	Date of Birth	Relevant Qualifications	Number of Years Experience

(c) Is cover required for the professional activities of any principal, partner or director prior to joining the business? YES NO

If "YES", please supply details:

(d) Please give details of number of permanent staff in current business:

	Full Time	Part Time
Principal/Partners/Directors		
Professionally Qualified		
Other Technical Staff		
All Others		

For Sole Proprietors Only - Questions (e), (f) and (g)

(e) State the experience of your assistants and their length of service.

(f) What arrangements do you have to assist you during your temporary absence on business, leave, sickness, or unforeseen emergency?

(g) If you are absent while engaged in supervision of construction what is your procedure to safeguard the quality of your work?

(h) Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)? YES NO

If **“YES”**, please supply details:

3. PROFESSIONAL SERVICES

(a) Has the name of the practice ever been changed? YES NO

(b) Has any other practice or business amalgamated or merged with you? YES NO

(c) Have you purchased any other practice or business? YES NO

If **“YES”**, please supply details:

(d) Is any Partner, Principal or Director connected or associated (financially or otherwise) with any other practice or business?

YES NO

If **“YES”**, please supply details:

(e) Does the entity(s) or any principal, partner or director provide professional services on projects in which any Principal, Officer, Director or an immediate family member of such person retains an ownership interest of greater than 25%?

YES NO

If **“YES”**, please supply details:

(f) Which professional bodies or associations are the entity(s) or any principal, partner or director members of?

YES NO

If **“YES”**, please supply details:

(g) What percentage of your clients are:

Clients	Percentage	Clients	Percentage
(i) Commercial entities	%	(vi) Real Estate Developers	%
(ii) Institutional entities	%	(vii) Contractors	%
(iii) Industrial entities	%	(viii) Individual Owners	%
(iv) Governments	%	(ix) Others (please specify)	%
(v) Other Design Professionals	%	TOTAL	100 %

Please supply details of "Other" :

(h) Please state your total gross income for the last 5 years plus an estimate for the current and forthcoming year:

Year Ending	In Territory where domiciled	In USA/Canada or elsewhere for clients whose address is in USA /Canada	Elsewhere	Total
/ /	INR	INR	INR	INR
/ /	INR	INR	INR	INR
/ /	INR	INR	INR	INR
/ /	INR	INR	INR	INR
/ /	INR	INR	INR	INR

Estimate for the current and forthcoming year:

Year Ending	In Territory where domiciled	In USA/Canada or elsewhere for clients whose address is in USA /Canada	ROW
/ /	INR	INR	INR
/ /	INR	INR	INR

(i) Please detail the approximate percentage of your commission, brokerage, or insurance or other consulting fees derived from the following fields of work:

Type of Work	Percentage	Type of Work	Percentage
(i) Architectural - New Build / Refurbishment	%	(xiv) Chemical Engineering	%
(ii) Architectural refurbishment - Non Structural	%	(xv) Soil Engineering	%
(iii) Structural Survey / Inspection Reports	%	(xvi) Project Co-ordination	%
(iv) Managing Contractor	%	(xvii) Project Management	%
(v) Interior Designing	%	(xviii) Adjudication / Arbitration	%
(vi) Estate Agency	%	(xix) Town Planning	%
(vii) Landscaping	%	(xx) Expert Witness	%
(viii) Civil Engineering	%	(xxi) Feasibility	%

(ix) Structural Engineering	%	(xxii) Fees Paid to Sub-consultants	%
(x) Mechanical Engineering	%	(xxiii) Surveying - Land	%
(xi) Electrical Engineering	%	(xxiv) Surveying - Quantity	%
(xii) Heating & Ventilating/ Air Conditioning Engineering	%	(xxv) Surveying – Building	%
(xiii) Nuclear Engineering	%	Others (please specify)	%
		TOTAL	100 %

Please supply details of “Other” work:

(j) Please detail the approximate percentage of your total work in the following areas:

Field of Work	Percentage	Field of Work	Percentage
(i) Individual Dwellings	%	(xiii) Refineries and Petro Chemical - non safety	%
(ii) Low Rise Buildings (up to 7 floors)	%	(xiv) Mechanical Plant, Bulk Handling Equip	%
(iii) High Rise Buildings (above 7 floors)	%	(xv) Industrial System Build	%
(iv) Modular Dwellings	%	(xvi) Low key Healthcare (doctors surgeries / Nursing Home etc)	%
(v) Office / retail / mixed use	%	(xvii) Other Healthcare (Hospitals etc)	%
(vi) Highways	%	(xviii) Primary Schools / Adult education Centres	%
(vii) Bridges, Tunnels and Dams	%	(xix) Secondary Schools / College / Universities	%
(viii) Railways, Airports - Non safety/ Airside/ Trackside related	%	(xx) Hotels and Recreation exc. Swimming pools	%
(ix) Harbours and Jetties - Non structural	%	(xxi) Lesiure inc. Swimming Pools	%
(x) Sewage/ Water Schemes	%	(xxii) Landscape ex. Sports/Golf course design	%
(xi) Power Plants	%	(xxiii) Ecclesiastical / Theatres	%
(xii) Manufacturing Plants	%	(xxiv) Others (please specify)	%
		TOTAL	100 %

Please supply details of “Other” work:

(k) Please provide brief description, location, contract value and fees for the five (5) largest contracts undertaken over the past five (5) years.

Brief Description	Location	Contract Value (INR)	Your Fees (INR)

(l) Does any contract or client represent more than 50% of your annual work or fees?
 YES NO

If **“YES”**, please supply details:

(m) Do you use any independent sub-contractors?
 YES NO

If Yes,

(1) Do you execute a written contract, agreement or engagement letter for services with every sub-contractor?
 YES NO

If **“YES”**, please supply details:

(2) Do you require them to carry a minimum level of professional liability cover?
 YES NO

If **“YES”**, please supply details:

(3) What percentage of your professional service is subcontracted to others?

(4) What kinds of services are subcontracted?

(n) Do you execute a written contract, agreement or engagement letter for services with every client? YES NO

If "YES", please supply details:

(1) Are these client contracts reviewed by a law firm experienced in your profession? YES NO

If no, how do you review and approve client contracts?

(2) Do these client contracts contain:

Specific description of services that you provide?

YES NO

Guarantees or warranties of your services?

YES NO

Limitation of your liability to your clients?

YES NO

Hold harmless or indemnity agreements to your benefit?

YES NO

Hold harmless or indemnity agreements to your client's benefit?

YES NO

Disclosure of actual or potential conflicts of interest?

YES NO

(3) Are all changes to your contracts, verbal reports or advice confirmed in writing? YES NO

If No, how do you substantiate such changes, verbal reports or advice?

(o) Do you engage in any actual construction or manufacturing?

YES NO

If "YES", please supply details:

(p) Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months?

YES NO

If "YES", please supply details:

(q) Please give details of the three largest projects where construction is likely to commence in the coming 12 months

Name of Client	Total Contract Value(INR)	Your Fee(INR)	Your Service (INR)	Expected Completion Date

(r) Please provide the amount of the largest annual fee for any one client:

Client name	Year	Gross Fees(INR)

(i) Please state Limits of Indemnity for which a quotation is required or local currency equivalent:

Sr No	Description	Amount (INR)
1	Limit of Liability (all Claims in the aggregate, including Defence Costs)	
2	Sub Limits, which form part of and are not in addition to the Limit of Liability in Item	
a	Emergency Costs Advancement in the aggregate	
b	Legal Representation Costs in the aggregate	
c	Lost Documents in the aggregate	

(j) Policy Period: Risk Inception Date: DD/MM/YYYY Risk End Date: DD/MM/YYYY

6. CLAIMS INFORMATION

(a) Has the firm(s) sustained any loss through the fraud or YES NO

dishonesty of any person?

If **"YES"**, please supply details:

(b) Is the firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or principal or employee?

YES NO

If **"YES"**, please supply details:

(c) After enquiry, have any Professional Liability claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or principals, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not?

YES NO

If **"YES"**, please supply details:

Date of Claim	Claimant	Details of Claim including any payments made or reserves held

(d) After enquiry, are any of the partners, directors or principals aware of any pending claims and/or circumstances existing which may give rise to a Professional Liability claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal?

YES NO

If **"YES"**, please supply details:

Date of Circumstance	Claimant	Details of Circumstance

Payment Details

Mode of Payment: Cheque DD Cash Others
 Cheque - Given by: Spouse Father Mother Son/Daughter Employer/Employee Financier



To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy.

7. PREVIOUS INSURANCE

(a) Has the firm(s) previously been insured for Professional Liability insurance?

YES NO

If "YES", please supply details:

Renewal Date	Limit of Liability	Premium	Excess	Insurer
/ /	INR	INR	INR	
/ /	INR	INR	INR	
/ /	INR	INR	INR	

(b) In respect of Professional Liability insurance, has any Insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions?
 YES NO

If "YES", please supply details:

Declaration:

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to have an insurance policy as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the Policy shall become null and void, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

Date:

Signature of

Partner / Director / Principal _____

Name: _____

Date: _____

Policyholder: _____

*** Certified that that the contents of the proposal form and documents have been fully explained to the Proposer and that he/they have fully understood the significance of the proposed contract.**

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKH RUPEES.