

**Professional Indemnity Insurance
 Proposal Form**

IMPORTANT:

This proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. It is essential that you answer fully and accurately all the questions contained in this proposal, and that you provide us with any and all additional information relevant to the risk to be insured for our decision as to the acceptance of the risk or the terms upon which it should be accepted. You failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance adviser or agent. If there is insufficient space in this proposal form for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this proposal form and return it to us.

1	Name of Firm	Roy Varghese and Associates		
2	Correspondence address of office			
3	Address of all other offices			
4	State nature of the profession / business including full details of activities undertaken and any intended change in these			
5	When was Firm established			
6	Give details of partners/directors/sole practitioner			
	<u>Name</u>	<u>Qualifications</u>	<u>Date Qualified</u>	<u>Number of years in this capacity with Proposer</u>
7	State number of permanent staff	Technical Staff	:	
		Non-Technical Staff	:	

13	<p>Does the Proposer currently hold any Professional Indemnity Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes' state</p> <p style="padding-left: 100px;">Renewal Date : _____</p> <p style="padding-left: 100px;">Limit of Indemnity : _____</p> <p style="padding-left: 100px;">Retroactive Date : _____</p>						
14	<p>a) Is cover required for Partners' Previous Business? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', state</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>Name of Partner</u></th> <th style="text-align: left; width: 33%;"><u>Title of Previous Business</u></th> <th style="text-align: left; width: 33%;"><u>Dates with Previous Business</u></th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>b) Please indicate if the following covers are required</p> <p>i) Loss of Documents Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', does the Proposer keep documents in fire proof cabinets? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>ii) Libel and Slander Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>iii) Dishonesty of Employees Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<u>Name of Partner</u>	<u>Title of Previous Business</u>	<u>Dates with Previous Business</u>			
<u>Name of Partner</u>	<u>Title of Previous Business</u>	<u>Dates with Previous Business</u>					
15	<p>Has any insurer in respect of the risks to which this proposal relates ever</p> <p>a) declined a proposal, refused renewal or terminated an insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) required an increased premium or imposed special conditions? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes' in either case, please give details</p>						

16	<p>a) Has any claim been made against the Proposer or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Has the Proposer or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of the cover? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes' in either case, please give details separately of the circumstances of each incident including any amounts paid and the estimated potential cost of the incident.</p>
17	<p>Is the Proposer of any principal, consultant or employee, after enquiry, aware of any circumstances which might</p> <p>a) give rise to a claim against the Proposer or his predecessors in business or any of the present or former partners or principals? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) result in the Proposer or his predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of the cover? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) otherwise affect the Insurer's consideration of this insurance? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give details separately</p>
18	<p>What is the amount of Indemnity required?</p> <p>Please state any alternative amounts for which a quotation is required <input type="checkbox"/></p>
19	<p>Please state the amount the Proposer wish to contribute towards each and every claim</p> <p>Please state any alternative amounts for which a quotation is required</p>

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.

Declaration

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company. I/We agree to accept a policy in the Company's usual form for this class of insurance.

Signature of Partner / Director

Company Stamp

Date

Note – Signing this form does not bind the Proposer to complete the insurance.

