



PROFESSIONAL INDEMNITY PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

NB: All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

1. PARTICULARS OF PROPOSER

Name of the Proposer (full): _____

Mobile Number: _____

P.O. Box: _____

Alternative Mobile Number: _____

Postal Code: _____

Email Address: _____

Town: _____ County _____

Email Address 2: _____

ID/Passport Number/ Cert of Incorporation: _____ (Attach a copy)

PIN No: _____ (Attach a copy)

Profession or occupation: _____

Period of Insurance. From: _____ To: _____

Geographical cover: _____

Physical Location: Building Name _____ Street _____ Floor _____

Plot Number _____ Door Number _____

2. If a Firm, what is the number of Professionals and Partners? _____

3. Professional Qualifications of the Proposer. If a Firm, state the qualifications of all the Partners or Directors

4. Please give full details of the nature of work carried on: _____

5. How many persons are in your Employment

Employees	Number
Qualified Assistants	
Clerks	

Typists,	
Office Boys	

6. How Long has the business been established? _____
7. For how long has it been under your control or the control of one or more of the present Partners or Directors? _____
8. How long have you and each of the Partners or directors practiced as Principals? _____
9. Has any claim been made against you or any Partner, Director or Member of your staff for neglect, omission or error in relation to professional duties? **YES NO** If Yes, please give details including date and cost of each claim _____
10. Have you within the past twelve months discharged or do you contemplate the discharge of any member of the staff, on account of any omission, neglect, error or the like? **YES NO** If Yes, please give full details

11. Is the firm aware of any past or present circumstances which may result in claim being made against the firm, its present or past partners? **YES NO** If yes, please give full details

12. Are you aware of any neglect, omission or error or the existence of any circumstances which might give rise to a claim? **YES NO** If yes, please give full details

13. Has any proposal for insurance of the risk been previously made or has the risk been previously insured? **YES NO** If Yes, state with what Insurers and whether such proposal or renewal has been declined or an increased rate required _____
14. Select extension required and indicate limit of indemnity

Extensions	Limit of indemnity	
	For one incident	For one period of insurance
Libel and Slander		
Loss of documents		

15. State the total amount of annual wages payable to your staff _____
16. State amounts of annual fees earned _____

DECLARATION

I hereby declare that the above answers are true to the best of my knowledge and belief and that I have not withheld any material information whatsoever regarding the proposal. I agree that this declaration and the answers given above shall be the basis of the contract between Me and The Monarch Insurance Company Limited. The liability of the Company does not attach until the proposal has been accepted and the premium paid.

I confirm that I have authorized The Monarch Insurance Company Limited to use the information provided solely for internal and compliance purposes.

Name of Proposer _____ Signature _____ Date _____

Name of Agent/Broker _____ Signature _____ Date _____