

Allianz Insurance Company Lanka Limited

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Web site: www.allianz.lk

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

Intermediary Name:

Code :

Your VAT No:.....

Please use BLOCK LETTERS

01(a) Proposer's Full Name:.....

(b) Postal Address:.....

.....Telephone No.....

(c) All Businesses and Professions:.....

02

Name of Partners and Directors	When Qualified	Qualifications	How long Practicing as a partner	How long Established in such Profession

03 For Solicitors and Accountants, do You act as Trustees and/or Executors? Yes No

04 Total Number of (a) Directors:.....

(b) Staff other than typists and telephonists:.....

(c) Typists, telephonists and messengers:.....

05 When was the firm established?.....

06 What was the Gross Fees Income: (a) anticipated during the current year?.....

(b) Contract for next year?.....

07 Have you previously at any time held or do you now hold a Professional Indemnity Policy? Yes No

If yes, please give the following particulars:

(a) Name of the Company(ies)/Underwriters:.....

(b) Policy No(s):.....

(c) Period(s) of Insurance:.....

(d) Excess, if any imposed under the Policy(ies):.....

08 Has any application for Professional Indemnity Insurance made on behalf of the Firm or any of the present or previous Partners ever been cancelled, declined, refused to renew or required an increased rate or special condition? Yes No

If yes, please give full particulars:.....
.....

09 Have any claims ever been made against the Firm and/or any of your present Partners or Directors either individually or otherwise in the past for any professional omission, neglect or error or the like?

Yes No

If yes, give full details and amount(s) of the claim(s):.....
.....

10 Is the Firm or any of the Partners aware of any circumstances which may result in any claim being made against the Firm, their Predecessors in business or any of the present or past Partners? Yes No

If yes, give full details:.....
.....

11 Have you recently discharged or are you contemplating discharging any of your staff for any omission, neglect, error or the like? Yes No

If yes, give full particulars:.....
.....

12 Is there any other information in your possession material to estimate the risk to be insured?

Yes No

If yes, please give full particulars:.....
.....

13 Please indicate the amount of indemnity required;

(a) Per event :.....
(b) Per annum :.....

14 What is the amount of the excess which you would be prepared to carry in respect of each and every claim?

(Underwrites require minimum excesses, depending on the size of the Firm, the type of work undertaken and the limit of Indemnity)

Rs 10,000/-	Rs 25,000/-	Rs 50,000/-	Rs 100,000/-	
Rs 150,000/-	Rs 200,000/-	Rs 250,000/-	any other	Rs.....

15 Period of Insurance required: from:..... To:.....

Declaration:

I/We hereby confirm and agree that:

- (a) All information and particulars given are true and complete and that no information has been withheld which might influence the Company's decision regarding this Insurance and that I/we will accept Insurance subject to the terms and conditions agreed with the Company.
- (b) This Proposal and declaration and the truth and completeness of the answers herein shall be the basis of the contract between me/us and the Company.
- (c) No Insurance will be in force until this Proposal has been accepted and the full premium paid.

.....
Signature of Proposer

.....
Date

