

**ACCOUNTANTS/SOLICITORS/LAWYERS/COUNSELS/FINANCIAL
CONSULTANTS**

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form. The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

1. Name & Address of Proposer _____

2. When established _____

3. Full details of work carried on _____
(Please attach brochure, information booklet,
etc. if any & specimen copy of contracts entered into)

(a) Names in full of all Partners/Directors/Principals _____

Qualifications in full _____

Date qualified _____

How long principal in this practice _____

(b) Is coverage required in respect of past work for
any Partner/Principal who has left, retired or
died ? YES/NO. If 'YES' please give the following :

Full Name _____

Qualifications _____

How long principal in this practice _____

5. State :

(a) No. of qualified accountants/lawyers _____

No. of Professionals _____

No. of administrative personnel including clerks,
typists, office boys, etc. _____

No. of apprentice _____

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(b) Total amount of annual wages payable _____

6. Do you engage persons outside your organisation ? If Yes, specify the details of purpose and nature of control exercised by you over them (specimen contract be enclosed).

7. Loss record for 5 years :

Year	Cause	Kind of Loss	Amount of Loss
19			
19			
19			
19			
19			

8. Have you during the past 12 months dismissed or do you contemplate dismissal of any member of staff an account of any omission, neglect, error or for like (please give full details) _____

9. Are you aware of any neglect, omission or error or existence of any circumstances likely to give rise to a claim ? _____

10. (a) Annual fees earned during the last five years Year _____ Fee _____

(b) Estimated fees for the current year _____

11. Previous Insurance history _____

12. Limits of Indemnity required : Any One year _____

13. Voluntary Excess _____

14. Period of Insurance required _____ From _____ To _____

I/We hereby declare that the above statement and particulars are true and I/we have not suppressed or misstated any material facts and 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 my/our part and agree that this declaration shall be the basis of the contract between me/us and the Insurer. I/we also agree that the indemnity under the insurance shall not be availed for claims arising out of acts of negligence, error or omission or misconduct committed PRIOR to commencement of this insurance.

Date :

Place :

SIGNATURE OF PROPOSER

PROHIBITION OF REBATES

The following is the copy of Section 41 of the Insurance Act 1938.

- 1. 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 life or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown in the policy; nor shall any person taking out or renewing continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses of rebates of the Insurer.*
- 2. Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to five hundred rupees.*