



# UNITED INDIA INSURANCE COMPANY LIMITED

Head Office: 24, WHITES ROAD, CHENNAI - 600014

## proposal form for professional indemnity

### 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 \_\_\_\_\_

(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 :

<b>Year</b>	<b>Cause</b>	<b>Kind of Loss</b>	<b>Amount of Loss</b>
19			
19			
19			
19			
19			

8. Have you during the past 12 months dismissed or do you contemplate dismissal of any member of staff on 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 live 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.*