

## SIGNATURE PROFESSIONAL INDEMNITY - PROPOSAL FORM

### NOTICE TO THE APPLICANT:

- Please answer all questions in full leaving no blank spaces.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.
- It is agreed that whenever used in this proposal form, the term Applicant shall mean the Insured Organisation as defined in the Signature Professional Indemnity Insurance Policy ("the policy").
- The liability of insurers does not commence until the proposal has been accepted by Insurers and the same has been duly conveyed to the Proposer.
- The liability of the company does not commence until the acceptance of premium has been realized by the company.

The Signature Professional Indemnity Insurance Policy is written on a Claims made and reported basis. The policy covers only Claims first made during the Policy Period or any Extended Reporting Period and reported in accordance with the policy provisions. The Limit of Liability to pay damages or settlements will be reduced and may be completely exhausted by the payment of Defence Costs.

*PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.*

### GENERAL INFORMATION

Name of Applicant:											
Applicant's Address											
State						Pin Code					
Tel.(Res.)			(Off.)			Income Tax Pan No					
	STD Code				STD Code						
Email											
Applicant's web address											
Nature of Applicant's Activities											
How long has the Applicant continuously carried on business?											
Names and dates under which the Applicant's business was formerly carried on											
	D	D	M	M	Y	Y	Y	Y			
Name and ownership percentage of any shareholder directly or beneficially owning 5% or more of the issued shares of the Applicant:											

\*Please provide correct mobile number of the proposed insured, to receive information relating to policy servicing and premium acknowledgement.

### NATURE OF BUSINESS

Please provide a full description of:

- (i) the applicant's nature of activities; and \_\_\_\_\_  
 (ii) the type of Professional Services the Applicant provides. \_\_\_\_\_

Please indicate the percentage that each of the above activities represents of the Applicant's total business: \_\_\_\_\_

Please indicate which of the above activities are made available through the internet \_\_\_\_\_

Are written disclaimers included with any advice given?  Yes  No  
 If yes, please provide an example. \_\_\_\_\_

Are verbal reports or advice always confirmed in writing?  Yes  No  
 If no, please advise what percentage of reports fall into this category: \_\_\_\_\_

Particulars of Principals

Name	Age	Qualification	Years Experience	Memberships of Professional Associations

Numbers of Directors, Partners or Employees providing Professional Services? \_\_\_\_\_ Total Number of Employees \_\_\_\_\_

Gross Fees earned for the past 12 months ₹ \_\_\_\_\_ Gross Fees forecast for the next 12 months ₹ \_\_\_\_\_

Please detail the Applicant's three largest contracts in the last three years

Type of Service	Fee	Contract Value	Commencement Date	Completion Date

Does any contract or client currently represent greater than 50% of the Applicant's income?  Yes  No

Is the Applicant a member of a professional body or association?  Yes  No  
 If yes, please provide details: \_\_\_\_\_

Does the Applicant engage consultants, sub-contractors or agents?  Yes  No  
 If yes, \_\_\_\_\_

Are they required to carry Professional Indemnity Insurance?  Yes  No

Does the Applicant enter any hold-harmless agreements or otherwise waive any legal rights or entitlements which may be available against such consultants, sub-contractors or agents?  Yes  No  
 If Yes, please provide details: \_\_\_\_\_

### PROFESSIONAL SERVICE AGREEMENTS

- Are contract fees negotiated and agreed to in advance?  Yes  No
- Are written service agreements required for all clients? (If yes, attach a sample)  Yes  No
- Have the written service agreements been reviewed by a law firm experienced in the Applicant's field?  Yes  No
- Are all of changes to service agreements confirmed in writing?  Yes  No
- Does the Applicant provide warranties or guarantees?  Yes  No
- Does the Applicant describe services in any brochure? (If yes, attach a sample)  Yes  No
- Do all service agreements provide an indemnity in favour of and/or limit the Applicant's liability?  Yes  No

### QUALITY CONTROL

- Is there a formal procedure for handling client complaints?  Yes  No
- Is Alternative Dispute Resolution as a procedure to resolve complaints part of the Applicant's service agreement?  Yes  No
- Are audits or reviews of services performed by employees conducted? If yes, how often?  Yes  No

Annually	Semi-Annually	Quarterly	Other

- Does the Applicant ever assume liability for others by contract? (If yes, please identify)  Yes  No

### QUALITY CONTROL

- Do employees hold professional licenses or certification? (If yes, please identify)  Yes  No
- Does the Applicant pay for continuing education to maintain such professional licenses or certification?  Yes  No

### CLIENT MANAGEMENT

- Are there formal criteria for accepting new clients?  Yes  No
- Is there a formal policy for conflict of interest?  Yes  No
- Is there a formal policy for maintaining client confidentiality?  Yes  No
- Does the Applicant engage in any other professional activities not listed above? (If yes, attach description or explanation)  Yes  No

### ANNOUNCED CHANGES

- In the past 24 months has the Applicant publicly disclosed that it has under consideration any actual or potential:
- (i) acquisitions of, tender offers or mergers with any other organisation?  Yes  No  
If yes, please provide details: \_\_\_\_\_
- (ii) whether or not such discussions or proposals have been made public, is the Applicant or any individual proposed for coverage currently involved in any actual or potential discussions with any other party or aware of any actual or potential proposals relating to its merger with or acquisition or tender offer by any other company?  Yes  No  
If yes, please provide details: \_\_\_\_\_
- (iii) scheme of compromise or company arrangement or material change in any arrangement with creditors under any law anywhere in the world?  Yes  No  
If yes, please provide details: \_\_\_\_\_

### PRIOR INSURANCE

- Has the Applicant ever been refused directors' & officers' liability and company reimbursement Insurance or had a similar policy cancelled?  Yes  No
- If yes, please provide details: \_\_\_\_\_
- Does the Applicant currently have directors' & officers' liability and company reimbursement Insurance?  Yes  No
- If yes, please provide the following details

Insurer	Limit of Liability Rs.	Deductible Rs.	Policy Period

### CLAIMS AND CIRCUMSTANCES

- Following appropriate enquiry has the Applicant, its Directors, Partners or Employees been involved in or have any knowledge of any fact or circumstance involving the following?
- Any copyright, patent or other intellectual property infringement litigation?  Yes  No
- Ever been censured, fined or had a professional licence or certification suspended or revoked?  Yes  No
- Any professional indemnity claims under any existing or prior insurance policy?  Yes  No
- Any facts or circumstances, including but not limited to any litigation or written demands for damages, (a) which he or she has reason to suppose might afford valid grounds for any Claim such as would fall within the scope of the proposed policy or (b) which indicate the probability of any such Claim?  Yes  No

If any of the above are answered yes, attach full details on separate sheet.

Pertaining to Question 9, it is agreed that if the undersigned or any Director, Partner or Employee proposed for this insurance has any knowledge of any such fact or circumstance, any claim arising therefrom shall be excluded from coverage under the proposed insurance.

### REQUESTED LIMIT

\_\_\_\_\_

### ADDITIONAL INFORMATION

Please enclose with this proposal form

- The last two Audited Annual Reports.
- The last two Interim Statements (if applicable).
- Sample service agreements.
- Resumes or biographies of all principals.
- Any brochures or other documentation that may detail the nature of the Applicant's activities.

### ANTI REBATING WARNING

As per Section 41 of the Insurance Act 1938, as amended, the practice of rebating is prohibited, as follows: 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 policy in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. Violations of Section 41 of the Insurance Act 1938, as amended, shall be punishable with a fine which may extend to ₹10 Lakhs.

### PREMIUM DETAILS

Amount Rs.           Rupees \_\_\_\_\_

### SOURCES OF FUND

Salary  Business  Other  (Please Specify) \_\_\_\_\_

### BANK ACCOUNT DETAILS

Name of the Bank Account Holder

Bank Account No.  Account: Savings  Current

Name of Bank  Branch

MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

IFSC Code (11 character code appearing on your cheque leaf)

Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.\*

\*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

Note:

- Please provide a cancelled copy of cheque of your bank account.
- The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer. Please ensure that you provide accurate details to the Company.

### DECLARATION

The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of any insurance. The signing of the Proposal Form binds the undersigned on behalf of the Applicant to effect insurance. Further, the undersigned agree that this proposal form and all attachments herein shall be the basis of and will be incorporated in the Policy should one be issued. I/we authorize HDFC ERGO General Insurance and associate partners to contact me via email, phone, SMS.

I hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal

Title (Partner, Principal or Director)

Title (Partner, Principal or Director)