# **HDFC ERGO General Insurance Company Limited**



## SIGNATURE PROFESSIONAL INDEMNITY INSURANCE - 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.

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Nature of Applicant's Activities		+	$\vdash$		+	+	+	+	+	-	+	H	+		+	+	-	+	+	+	+		H		H						$\vdash$	$\dashv$	+	+		-
How long has the Applicant continuously carried on business?																																#				
Names and dates under which the Applicant's business was formerly carried on		Ļ			_	_		Ļ			<u></u>		<u></u>			1		1	Ļ	L	L										Щ	Ţ	Ţ	ļ		
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Name and ownership percentage of any			$\overline{}$			Ť	Ť	T		Ť		Т								Т	Т		Τ			Т								Т		
Name and ownership percentage of any shareholder directly or beneficially owning 5% or more of the issued shares of the Applicant:		Ť	$\forall$		Ť	Ť		Ť	Ť	Ť		T	T	$\Box$		Ť	Ť	Ť	Ť	Ť	Ť	T	T	T	T		Ť					Ť	$\forall$	$\dagger$	П	╡
*Please provide correct mobile number of the	ne propo	sed	insure	ed, to	rece	ive i	nform	natio	n rela	ating	g to p	olic	y ser	vicing	and	pren	nium	ack	nowl	edge	men	t.														
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Please provide a full description of:																																				_
(i) the applicant's nature of activities; and																																				
(ii) the type of Professional Services the Appl	licant pro	vide	s																																	_
Please indicate the percentage that each of the				epres	ents	of th	e App	licar	nt's to	tal b	usine	SS:																								
Please indicate which of the above activities a																																				
Are written disclaimers included with any ad If yes, please provide an example.	dvice giv	en?																															Y	es		No
Are verbal reports or advice always confirm If no, please advise what percentage of rep				atego	ry:																												Y	es		No
Particulars of Principals																																				
Name							Ag	е					C	Qualif	icati	on				,	ear:	s Ex	peri	ence	•	M	emb	ersh	nips (	of P	rofes	sion	ıal As	socia	ations	,
Numbers of Directors, Partners or Employees	providin	g Pro	ofessio	onal S	Servic	es?														_				Tot	al N	umb	er of	Emp	oloyee	es						_
Gross Fees earned for the past 12 months	₹														Gr	oss F	ees	fore	cast fo	or the	e nex	t 12	mon	ths	₹	_										
Please detail the Applicant's three largest of	ontracts	in th	e last	thre	e yea	rs																														
Type of Service				Fee								Co	ntrac	t Val	ue					С	omr	nenc	em	ent [	Date						Com	pleti	ion Da	ate		
Does any contract or client currently repres of the Applicant's income?	ent grea	iter ti	nan 50	0%					•																			•					Y	es		No
Is the Applicant a member of a professional If yes, please provide details:	body o	r ass	ociatio	on?																													Y	es		No
Does the Applicant engage consultants, sul	o-contra	ctors	or aç	gents	?																												Y	es		No
If yes, Are they required to carry Professional Inde	emnity In	sura	nce?																													[	Y	es		No
Does the Applicant enter any hold-harmless If Yes, please provide details:	agreen	nents	or ot	herw	vise w	aive	any	lega	ıl righ	ıts o	r enti	tlem	nents	whic	h ma	y be	avai	lable	e aga	inst	such	con	sulta	ints,	sub-	-con	tract	ors o	or age	ents'	?	_[	Y	es		No

	PROFESSIONAL SEI	RVICE AGREEMENTS	
Are contract fees negotiated and agreed to in advance	e?		Yes No
Are written service agreements required for all clients	s? (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	n writing?		Yes No
Does the Applicant provide warranties or guarantees	?		Yes No
Does the Applicant describe services in any brochure			Yes No
Do all service agreements provide an indemnity in fav	vour of and/or limit the Applicant's liability?		Yes No
	QUALITY	CONTROL	
Is there a formal procedure for handling client compla	sinte?		Yes No
Is Alternative Dispute Resolution as a procedure to re		ament?	Yes No
Are audits or reviews of services performed by emplo		SHORE:	Yes No
		Quartariu	
Annually	Semi-Annually	Quarterly	Other
Does the Applicant ever assume liability for others by (If yes, please identify)	contract?		Yes No
	OHALITY	CONTROL	
		CONTROL	
Do employees hold professional licenses or certificat (If yes, please identify)	ion?		Yes No
Does the Applicant pay for continuing education to m	aintain such professional licenses or certification?		Yes No
	CLIENT MA	NAGEMENT	
Are there formal criteria for accepting new clients?			Yes No
Is there a formal policy for conflict of interest?			Yes
Is there a formal policy for maintaining client confider	ntiality?		Yes
	activities not listed above? (If yes, attach description	or explanation)	Yes No
	ANNOUNCE	ED CHANGES	
In the past 24 months has the Applicant publicly disc	osed that it has under consideration any actual or pot	tential:	
(i) acquisitions of, tender offers or mergers wi If yes, please provide details:	th any other organisation?		Yes No
		dividual proposed for coverage currently involved in arger with or acquisition or tender offer by any other com	
(iii) scheme of compromise or company arrang If yes, please provide details:	ement or material change in any arrangement with cr	reditors under any law anywhere in the world?	Yes No
	PPIOR IN	SURANCE	
Has the Applicant over been refused directors! 9 office	eers' liability and company reimbursement Insurance o		
If yes, please provide details			
Does the Applicant currently have directors' & officers If yes, please provide the following details	s liability and company reimbursement insurance?	Yes No	
Insurer	Limit of Liability Rs.	Deductible Rs.	Policy Period
	CLAIMS AND CI	IRCUMSTANCES	
Following appropriate enquiry has the Applicant its D	prectors. Partners or Employees been involved in or h	nave any knowledge of any fact or circumstance involv	ving the following?
Any copyright, patent or other intellectual property inf	' '	are any monoage or any last of ensumerance invest	Yes No
Ever been censored, fined or had a professional licer	•		Yes No
Any professional indemnity claims under any existing	•		Yes No
Any facts or circumstances, including but not limited to for any Claim such as would fall within the scope of the		which he or she has reason to suppose might afford va y of any such Claim?	alid grounds Yes No
If any of the above are answered yes, attach full deta	ils on separate sheet.		
Pertaining to Question 9, it is agreed that if the under be excluded from coverage under the proposed insur		d for this insurance has any knowledge of any such fa	ct or circumstance, any claim arising therefrom shall
	DECUES:	TED LIMIT	
	REQUES	TED LIMIT	

### ADDITIONAL INFORMATION

Please enclose with this proposal form

- a) The last two Audited Annual Reports.
- b) The last two Interim Statements (if applicable).
- c) Sample service agreements.
- d) Resumes or biographies of all principals.
- e) 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 pusishable with a fine which may extend to ₹101 akhs.

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)
Note: 1. Please provide a cancelled copy of cheque of your bank account. 2. 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 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 effinisurance. 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.
Title (Partner, Principal or Director)
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Title (Partner, Principal or Director)