

Take it easy!

- 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.

PLEASE READ THE ENTIRE POLICY AND THE PROPOSAL FORM CAREFULLY.

Name of Applicant:																																
Applicant's Address																																
																	Pin Code															
State																	Income Tax Pan No															
Tel.(Res.)													(Off.)									Mobile										
	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 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:

Are verbal reports or advice always confirmed in writing? ☐ Yes ☐ No

If no, please advise what percentage of reports fall into this category:

Name	Age	Qualification	Years Experience	Memberships of Professional Associations

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

Type of Service	Fee	Contract Value	Commencement Date	Completion Date

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

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 censored, 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

- 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 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:

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 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.

Title (Partner, Principal or Director)

Title (Partner, Principal or Director)