

**PROPOSAL FOR PROFESSIONAL
INDEMNITY INSURANCE**

AGENT / BROKER / BRANCH

| | |
|----------|--|
| Name | |
| Code No. | |

Please note that no cover is in force until confirmed by the Company in writing and the premium paid.
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

GENERAL INFORMATION

| | | | | | | |
|--|-------------------------------------|--|------------------|--|--------|--|
| 1. Full name of Proposer(s) including Trading Name (if any) | | | | | | |
| | 2. Postal Address | | | | | |
| 3. Telephone/Fax Nos./E-mail | Home Telephone | | Office Telephone | | Mobile | |
| | E-mail | | | | Fax | |
| 4. Full description of business, trade or occupation | | | | | | |

5. Total number of partners and staff

(a) Partners

(b) Staff

6. Name, Qualification and Experience of each Partner.
(Please attach separate sheet, if space is insufficient.)

| Name | Qualifications | When Qualified | How long practising as a partner in the Firm? | Previous Service |
|-------|----------------|----------------|--|------------------|
| | | | | |
| | | | | |
| | | | | |

7. Policy to commence on

| | | |
|----------------------|----------------------|----------------------|
| Day | Month | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Policy to be renewed on

| | | |
|----------------------|----------------------|----------------------|
| Day | Month | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

8. How long have you been in business ? Years

9. (a) Does your business or practice extend to activities abroad ? Yes No

(b) If 'Yes', what percentage is this of your total business? %

(c) State manner in which overseas business is handled

(d) Indicate your annual turnover Rs.

10. In respect of the cover to which this proposal relates and any business in which you or any of your partners are/have been engaged has any insurer ever declined a proposal , refused a renewal, terminated an insurance or imposed special terms ? Yes No

If 'Yes', give details

11. Have any claims ever been made against you or your predecessors in business or any of the present or former partners ? Yes No

If 'Yes', give details

12. Are you or any of the Partners, aware of any circumstance which is likely to give rise to a claim against you or the firm or your predecessor in business or present or former partners ? Yes No

If 'Yes' give details

13. Limit of Indemnity required Rs.

Very Important

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE INSURER WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT, PLEASE ASK YOUR INSURANCE BROKER OR AGENT OR JANASHAKTHI OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR POLICY OR MAY RESULT IN YOUR POLICY NOT OPERATING FULLY.

DECLARATION

I/we declare that the information given in this proposal is to the best of my/our knowledge and belief correct and complete in every detail, and will be the basis of the contract between me/us and Janashakthi Insurance Co. Ltd.

Day Month Year

Signature :

FOR OFFICE USE

| | | | | | |
|------------------|--|---------------|--|--------------------|--|
| Rated By | | Processed By | | Credit Approved By | |
| Rate Approved By | | Authorised By | | Authorised Date | |