

The policy insures individual advocates or associations/partnerships for their legal liabilities to third parties arising from their professional negligence or that of their employees. Advocates herein referred to as Professionals.

THE COVER: Professionals may fail to exercise the skill and care that is expected of them - this skill and care is above and beyond the 'normal' duty of care. Professional indemnity cover is for 'Loss arising from a breach of professional duty by reason of any negligent act, negligent error or negligent omission'.

The main elements of the professional indemnity cover will typically consist of:

- legal liability/civil liability involving payment of;
 - damages,
 - claimant's costs and expenses,
 - defence costs;
- libel and slander (negligence does not have to be proven for a claimant to succeed with a libel and slander action);
- dishonest, fraudulent or malicious act of employees;
- loss of documents;
- compensation for court appearance.

Claims Administration: Policies are issued on a 'claims made' basis, which means that the claim must be made or reported to the insurer during the period of insurance.

EXCLUSIONS

- Liability covered under a Public Or Product Liability;
- Fidelity guarantee;
- Loss of documents;
- Consequential loss;
- Liability arising out of pollution or contamination of any kind;
- Activities in connection with fairs and/exhibition, grounds boundary surveys, survey of sub-surface conditions;
- Estimation of quantities and qualities/arranging/handling materials;
- Atomic works, mining, dams, tunnels, bridges, offshore work;
- Losses arising out of physical acts of the insured, their agents/employees in respect of third party injury or destruction of property;
- Losses associated with ownership, maintenance or operation of aircraft, boat, automobile;
- Insolvency; and War and related peril.

SECTION A: Personal /Corporate Data

(Individual Applicant)

Surname: _____ Other Name: _____ PIN No: _____

Place of Work: _____ Occupation: _____

Date of Birth: (dd) _____ / (mm) _____ (yy) _____ ID/Passport No: _____

(Corporate Applicant)

Business name: _____ PIN No: _____

Nature of Business: _____

Name of Contact Person: _____ Position: _____

(Both Corporate and Individual Applicants)

Postal Address: _____ Postal Code: _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Fax No: _____ Mobile Phone: _____

Email Address: _____

SECTION B: Technical Details

(I) General data

1. Address of branch office(s) and name(s) of resident partner(s): _____

2. When was the firm established? _____

3. During the past five years, has the name of the firm been changed or has any other firm purchased or any merger or consolidation taken place? Yes No

If so, please give full details _____

4. Are you a member of any professional association? Yes No

State association name. _____

SECTION B: Technical Details (continued)

5. Details of all practicing principals or partners

Names	Qualifications, dates qualified/total duration of professional experience	Position held in company and how long

6. Total number of principals, partners and staff

	Numbers
Technical - Principals, partners or officers	_____
- Solicitors and legal assistants	_____
- Staff other than typists and office boys (please specify)	_____
- Typists and office boys	_____

7. Does your firm, any partner, principal or staff manage, own or have financial control of any bank, trust company, mortgage or loan association, title guarantee or real estate company or undertake work as executor, trustee, director or company secretary? Yes No

If so, please give full details.

(II) Nature and volume of your present and foreseeable future activities

1. Describe your firm by showing the percentage of gross fees to be received from the following activities during the current fiscal year:

a) Litigation	_____ %
b) Real estate conveyancing	_____ %
c) Estate work	_____ %
d) Corporation law	_____ %
e) Patents	_____ %
f) Commercial matter	_____ %
h) Others (please specify)	_____ %
Total	100%

2. Does the firm's practice extend or has it ever extended to activities abroad? Yes No

If so, please indicate:

a) In which countries and the respective share of total business. _____

b) Method of handling such business. _____

3. Fees

Please indicate your fiscal year. _____

What are the gross fees for:

a) Last fiscal year? _____

b) Current fiscal year (estimate)? _____

c) Next fiscal year (estimate)? _____

(III) Previous Insurance/previous claims

1. Have you previously been insured? If so, please specify:

Name of Insurer	Policy period	Limit of indemnity	Yes	No

2. Has a previous application been declined? Yes No
Has a previous insurance:
a) Required increased premium? Yes No
b) Required special restrictions? Yes No
c) Been terminated/not been renewed by an insurer? Yes No
If so, please give detailed information. _____

3. Have any claims been made during the past five years against your firm? Yes No
If so, please advise amount and background of each claim. _____

4. Is your firm aware of any circumstances or incidents which may result in a claim or claims against your firm?
Yes No If so, please give details _____

(IV) Indemnity required

1. Limit any one claim _____
2. Limit in the annual aggregate _____
3. Deductible each and every claim to be borne by insured _____

(V) Extension to basic cover

1. Loss of documents. Yes No
Limit _____
2. Dishonesty of employees Yes No
If so, please answer the following questions:
a) Has the firm sustained any loss through the fraud or dishonesty of any employee? Yes No
b) Is any employee allowed to sign cheques, without countersignature by a partner? Yes No
If so, up to what amount? _____
3. Libel and slander. Yes Limit _____ No
4. Partner's previous business
a) Incoming partners Yes No
b) Outgoing partners Yes No
If extension is required, please advise names of the partners and incoming/outgoing dates.

SECTION C: Payment Details

Payment Type (Please Tick)

- Cash: (Please pay directly to THE INSURANCE COMPANY)
- Cheque: Cheque No Bank:
- Premium Finance: (State the financing company)

IMPORTANT NOTICE

- Please note that all premium cheques must be written in favour of THE INSURANCE COMPANY. CASH must be paid direct to THE INSURANCE COMPANY and appropriate receipt obtained.
- Insurance cover will commence only after payment has been received by THE INSURANCE COMPANY. If any cheques are dishonoured cover will be deemed to have been inoperative with effect from inception

SECTION D: Requirements

Please attach the following which form part of this proposal. Without these documents, we shall not be in a position to process the Proposal.

.....

SECTION E: Declaration

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Executed at this day of 20

For and on behalf of:

Name:

Signature: Date:

(If Corporate): Designation of contact person:

Company Stamp:

SECTION F: Official use only

Period of Insurance: From: / / 20 Policy No:

To: / / 20 (both dates inclusive)

First Premium: Stamp Duty Total

Name of Producer:

Proposal Status: (Note – check if all requirements are attached)

Approved

Deferred: Reason:

Rejected: Reason:

Underwriter's Name & Signature: Date: