|  |
| --- |
| **ERROR AND OMMISSION**  **PROFESSIONAL PROTECT INSURANCE FOR TECHNOLOGY & TELECOMMUNICATIONS PROFESSIONAL: PROPOSAL FORM** |

**NOTICE TO THE PROPOSED INSURED**

a) **Disclosure of Relevant Facts**

**Your Duty of Disclosure**

Before you enter into a contract of insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know. The disclosures that you make are relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

**Comment**

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. Claims or circumstances, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal. **b) Claims Made Policy**

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

events that occurred prior to the retroactive date of the policy (if such a date is specified);

claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;

claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;

claims made, threatened or intimated against you prior to the commencement of the period of cover; facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;

claims arising out of circumstances noted on the Proposal Form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover. You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer(s) or the Insurer(s) to complete a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

This is a proposal form for a Policy relating to claims made against the Insured during the Policy Period.

# 1. GENERAL INFORMATION

1. Name of Policyholder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Address of Principal Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Establishment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Website Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list all additional business entities (whether or not currently trading, including year of establishment and year of cessation if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list addresses of all other offices currently trading

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is/are the firm(s) or any principal, partner or director a member of a consortium, joint venture, single project partnership or group practice?

YES NO

If **“YES”**, please supply details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)?

YES NO

If **“YES”**, please supply details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2. STAFF AND PARTNERS

1. Please give details of any principal, partners or directors:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Relevant Qualifications | Year became  Partner/Director |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Please give details of number of permanent staff in current business:

|  |  |  |
| --- | --- | --- |
|  | Full Time | Part Time |
| Principal/Partners/Directors |  |  |
| Professionally Qualified |  |  |
| All Others |  |  |

|  |  |  |
| --- | --- | --- |
| (c) Does the firm(s) use specialist designers, consultants or sub-contractors? |  | YES NO |
| If “**YES”**, please answer the following:-    (i) Please state what proportion of the firm(s) business |  |  |
| involves the subcontracting of work to others? |  | \_\_\_\_\_\_\_\_\_\_% |
| (ii) Does the firm(s) insist that the specialist designers /  Consultants / sub-contactors maintain their own PI cover? |  | YES NO |

(iii)What services does the firm(s) use the specialist designers/ consultants/ sub- contractors for?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iv) How does the firm(s) select and manage the specialist designers/ consultants/ subcontractors?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Is cover required for the professional activities of any principal, partner or director prior to joining the business?

YES NO

If **“YES”**, please supply details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 3. ACTIVITIES

(a) Please state your total gross income for the last 5 years, plus an estimate for the current and forthcoming year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year Ending | In Territory where domiciled | In USA/Canada or elsewhere for clients whose address is in USA /Canada | Elsewhere | Total |
| / / | INR | INR | INR | INR |
| / / | INR | INR | INR | INR |
| / / | INR | INR | INR | INR |
| / / | INR | INR | INR | INR |
| / / | INR | INR | INR | INR |

Estimate for the Current and Forthcoming Year

|  |  |  |  |
| --- | --- | --- | --- |
| Year Ending | In Territory where domiciled | In USA/Canada or elsewhere for clients  whose address is in USA /Canada | ROW |
| / / | INR | INR | INR |
| / / | INR | INR | INR |

1. Please categorise the activities of your firm(s) and state the approximate percentage of the total work carried out in each instance: [try in one page; otherwise put to be continued]

|  |  |  |  |
| --- | --- | --- | --- |
| Packaged Software – Own % | | Packaged Software – Third Party % | |
|  |  |  |  |
| Customisable Software | % | Bespoke Software | % |
|  |  |  |  |
| Software Installation | % | Software Maintenance  (including licensing fees) | % |
|  |  |  |  |
| Sale & Supply of Hardware | % | Consultancy | % |
|  |  |  |  |
| Data Processing | % | Facilities Management | % |
|  |  |  |  |
| Outsourcing / Managed Services | % | Procurement Consultancy | % |
|  |  |  |  |
| Project Management | % | Hardware Maintenance / Installation | % |
|  |  |  |  |
| Strategic Planning | % | Training | % |
|  |  |  | |
| Systems Audit | % | Systems Analysis % | |
|  |  |  | |
| Application Service Provision | % | Internet Service Provision % | |
|  |  |  |  |
| Web-Site Design | % | Trouble Shooting | % |
|  |  |  |  |
| Other – please specify |  |  | % |

1. Does the work split above represent the make up of the firm(s) over the past three years?

YES NO

1. Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months? YES NO

If “**YES”**, please provide an explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If there were a failure of any of the firm(s) products or services could this result in any:

1. Loss of life or injury to others YES NO

1. Destruction or damage to physical property YES NO

1. Immediate and large financial loss YES NO

1. Significant cumulative financial loss YES NO

If the firm(s) have answered **“YES”** to any of the above, please provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please split the firm(s) business between the following market sectors:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Government | \_\_\_\_\_% | Finance |  | \_\_\_\_\_% |
| Manufacturing/Industrial | \_\_\_\_\_% | Commercial |  | \_\_\_\_\_% |
| Construction/Engineering | \_\_\_\_\_% | Aerospace |  | \_\_\_\_\_% |
| Retail | \_\_\_\_\_% | Rail |  | \_\_\_\_\_% |
| Healthcare / Medical | \_\_\_\_\_% | Other |  | \_\_\_\_\_% |

1. Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months? YES NO

If “**YES”,** please provide an explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please give details of the 5 largest contracts undertaken in the past 3 years or for a new practice, in the forthcoming year:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Client | Business of Client | Nature of Contract | Total  Contract  Value INR | Income to You  INR |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# 5. RISK MANAGEMENT

(a) Does the firm(s) always use standard written contract conditions? YES NO

If “**NO”**:

1. What percentage of contracts are in the non-standard form \_\_\_\_\_%

1. What are the procedures for the sign-off / approval of a non-standard contract?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In respect of **all** contracts the firm(s) enters into, do they always include:

* 1. an outline of the scope of services to be YES NO provided?

* 1. Limitation of liabilities? YES NO

* 1. Direct, Consequential and Economic Loss

Exclusion YES NO

* 1. Indirect, Consequential and Economic Loss

Exclusion YES NO

* 1. Force Majeure YES NO

* 1. Guarantees YES NO

* 1. Warranty Disclaimers YES NO

* 1. Hold Harmless Agreement YES NO

* 1. Arbitration Agreement YES NO

1. Does the client always sign the contract? YES NO

1. Does the firm(s) have standard procedures for the regular review of ongoing contracts internally and with the client? YES NO

1. Does the firm(s) provide advice or services which fall

outside of the scope of the contract? YES NO

1. Does the firm always require satisfactory references or only

when engaging senior employees? Always

Senior appointments only

1. Is any employee allowed to sign cheques on his/her

signature alone for values exceeding YES NO

1. How frequently are checks carried out on all entries in the cash book with paying-in books, receipts, counterfoils and vouchers, and reconciled with bank statements (including the balance of cash and unpresented cheques), independently of employees receiving or banking monies in respect of monies belonging to the firm as well as in trust on behalf of others?

Weekly Monthly Quarterly

Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i)Please state Limits of Indemnity for which a quotation is required or local currency equivalent:

|  |  |  |
| --- | --- | --- |
| Sr No | Description | Amount (INR) |
| 1 | Limit of Liability (all Claims in the aggregate, including Defence Costs) |  |
| 2 | Sub Limits, which form part of and are not in addition to the Limit of Liability in Item |  |
| a | Emergency Costs Advancement in the aggregate |  |
| b | Legal Representation Costs in the aggregate |  |
| c | Lost Documents in the aggregate |  |

(j) Policy Period : Risk Inception Date: **DD/MM/YYYY** Risk End Date: **DD/MM/YYYY**

# 6. CLAIMS INFORMATION

1. Has the firm(s) sustained any loss through the fraud or YES NO dishonesty of any person?

If “**YES”,** please supply details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the firm(s) aware of any allegation or occurrence of YES NO

fraud or dishonesty at any time committed by any past or present partner, director or principal or employee?

If “**YES”,** please supply details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. After enquiry, have any Professional Liability claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or principals, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not?

YES NO

If **“YES”**, please supply details:

|  |  |  |
| --- | --- | --- |
| Date of | Claimant |  |
| Claim |  | Details of Claim including any payments made or reserves held |
|  |  |  |
|  |  |  |
|  |  |  |

1. After enquiry, are any of the partners, directors or principals aware of any pending claims and/or circumstances existing which may give rise to a Professional Liability claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal?

YES NO

If **“YES”**, please supply details:

|  |  |  |
| --- | --- | --- |
| Date of Circumstance | Claimant | Details of Circumstance |
|  |  |  |
|  |  |  |
|  |  |  |

# 7. PREVIOUS INSURANCE

1. Has the firm(s) previously been insured for Professional Liability insurance?

YES NO

If “YES”, please supply details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Renewal Date | Limit of Liability | Premium | Excess | Insurer |
| / / | INR | INR | INR |  |
| / / | INR | INR | INR |  |
| / / | INR | INR | INR |  |

1. In respect of Professional Liability insurance, has any Insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions?

YES NO

If **“YES”,** please supply details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_