

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

1. Answer all questions fully, replies such as "see your records" or "previously advised" are not acceptable. If you have insufficient space to complete any of your answers, a separate sheet should be attached.
2. Signature of this Proposal does not bind the Proposer/ Insurers to complete the insurance.
3. In the case of a renewal, the Proposal needs to be completed and returned prior to renewal, to provide for continuation of cover.
4. This is a Claims Made Policy, i.e. the policy must be in force when a claim is first made.

1. Name of Proposer:																																		
1.1: Telephone No: (____) _____ Facsimile No: (____) _____ e-mail _____ Company Reg No: _____ VAT No: _____																																		
2. Physical Address(es) of Proposer:																																		
3. Date of commencement of Proposer:																																		
3,1 In which type of profession is the Proposer mainly engaged? Give full details.																																		
<table border="1"> <thead> <tr> <th>4. Names of all Directors/ Partners/Principals</th> <th>Qualifications</th> <th>Date Obtained</th> <th colspan="2">How long a Director/Partner/ Principal of Proposer</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td colspan="2"> </td></tr> </tbody> </table>					4. Names of all Directors/ Partners/Principals	Qualifications	Date Obtained	How long a Director/Partner/ Principal of Proposer																										
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5. Please give numbers of:- a) Professional Assistants : b) Administrative Staff : TOTAL :																																		
6. Please state the percentage of the fees received from the proposer's activities																																		
7. Does the Proposer perform any work outside the Republic of Botswana?				YES/NO																														
If Yes, please give full details:																																		

8.a) Please give the total annual gross fees received in each of the last three financial years.	Botswana	Overseas
	2	
	2	
	2	
b) Estimate for the next financial year:		
c) Date of the proposer's financial year end:		
d) Largest annual fee from one client:		
9. Does the Proposer do any business for clients in the USA, Canada or Australia?	YES/NO	
If yes, how many visits have been made to the USA, Canada or Australia in the last 12 months?:		
10. Is the Proposer currently insured?	YES/NO	
If yes,	a) Name of current Insurers :	
	b) Limit of Indemnity :	
	c) Excess :	
11. Has any Insurer ever, in respect of the Proposer, its Directors/Partners/Principals:		
a) Declined to Insure?	YES/NO	
b) Imposed special terms?	YES/NO	
c) Cancelled or avoided a policy?	YES/NO	
If yes, please give full details.		
12. Have any claims for professional negligence, error or omission ever been made against the Proposer or its Directors/Partners/Principals/Employees?	YES/NO	
If yes, please give full details.		
13. Are any of the Directors/Partners/Principals/Employees, AFTER ENQUIRY, aware of any circumstances which could give rise to a claim against the Proposer or any of its Directors/Partners/Principals/Employees?	YES/NO	
If yes, please give full details.		
14. Please advise what limit of indemnity you require.		
Professional Indemnity	: P	
Misappropriation of Clients Trust Funds	: P	
Loss of Documents	: P	



IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence a prudent Insurer's judgement. FAILURE TO DISCLOSE could prejudice your rights to indemnity in the event of a claim or cause Insurers to avoid your Policy.

I/We declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this Proposal, together with another information supplied by me/us, shall form the basis of any contract of Insurance effected.

Date

For and on behalf of (Name of Proposer)

Signature of Director/Principal/Partner

Name of Signatory