

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

1.Name and address Details:

Name of the firm (Including any subsidiaries for whom cover is required)

Date of Firm Establish

Principal Address:

Office telephone number:

Main Office Fax number:

Cell number:

Firms Website address:

2.Nature /Scope of Business:

3.Partner / Director of Business:

Name	Status (Partner/Director/Consultant)	Age	Qualification	How long a Partner /Director Consultant in the Firm
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4.Fee Income / Activities:

Actual Gross fees for the most recent financial year :

PKR

Estimated Gross fees for the current financial year :

PKR

Estimated Gross fees for the following financial year :

PKR

5.Current Insurance Arrangements:

if the firm currently has professional indemnity insurance please provide the following details

Name of Insurer

Limit of Indemnity

 PKR

Excess

Policy Expiry Date

6.New Policy Arrangement:

For what limit indemnity do you require a quotation?

 PKR

7.Claims:

Number of claims during last 5 Years

Amount of claims during last 5 Years

Note: Every Proposer or Assured, when seeking a quotation, taking out or renewing an Insurance Policy, has a legal obligation to reveal to the prospective Insurers any material fact or information which might affect the judgment of the Insurer in deciding whether to accept the insurance or assessing the conditions of that insurance. Failure to observe this obligation could avoid any contract entered into at inception.

Submitting of this proposal form does not bind the Proposer to complete this insurance.

Submit Query

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