



UNITED GENERAL INSURANCE COMPANY LTD

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PROFESSIONAL INDEMNITY PROPOSAL FORM

1. Please answer all questions leaving no blank spaces.
 2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
 3. This form must be signed and dated by a partner, principal or identified officer of the firm.
 4. If you have a brochure about your firm's operations(s), please forward it with this application.
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1. Name:-.....

2. Address:- If more than one, please give each address and indicate the Partner and Principal who is responsible for work at each address.

.....

3. When established?.....

4. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place? **Yes / No**

If YES, please give full details.....

5. Please give the following details:-

Name of all Partners/Principals	Qualifications	Date	How long as Partner/Principal of this firm	How long as Partner/Principal

6. Please give total numbers of Partners/Principals and staff. Also please categorise the staff and explain the nature of their work:-

Categories of Staff	Numbers	Nature of Work
Total		

7. Previous Coverage

Please give particulars of previous similar insurance carried during past two (2) years: _

Period	Company	Type	Limits	Excess
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Has any proposal for similar insurance made on behalf of the Firm, any predecessors in business, or present Partners or Principals ever been declined or has any Such insurance ever been cancelled or renewal refused? **Yes / No**

If YES, please give details.....

8. Please give a clear description of activities:-

.....

9. Division of Work

Please categorise the activities described above and indicate the percentage of work this represents. Explain whether this is a percentage of fees, payroll, etc.

Approx. Percentage

%
 %
 %
 %
 %
 %

 100%

10. Fees/Payroll/Other per Q.9

	Past Financial Year	Current Financial Year	Estimate Financial Coming Year
Malawi Operation			
Overseas Operation			

11. In the case of Overseas contracts, please list countries involved and whether Malawi or Overseas jurisdiction applied, also please supply brief details of contracts and size.

12. (Applicable to Questions 9 and 10)

a) What substantial changes in the above percentage or amounts are foreseen during the next twelve months?

- b) Please give details of any major new operations being undertaken during the next twelve months.
- c) Please comment on any features of your work which you think may be of interest to underwriters.

Please list on your headed paper the five largest jobs and five typical jobs, with a short description.

13. Is this Firm/Organisation or any Partner/Principal connected or associated (financially or otherwise) with any other Practice, Company or Organisation? **Yes / No**

If YES, please give full details.....

14. (a) Is this Firm/Organisation or any Partner/Principal a member of a Consortium? **Yes/ No**

If YES, please state in what capacity and give the names of other members and their capacities in the Consortium:-

NAME	CAPACITY	DETAILS OF JOB

- (b) If YES, is cover required for your Firm/Organisation in respect of this work? **Yes / No**

15. Has any claim been made against this Firm/Organisation or any Partner/Principal while in a previous Firm? **Yes / No**

If YES, please give details:-.....

16. Is the proposer aware, after full enquiry, of any circumstances or incident which has or may result in any claim being made against the Firm, or any of Partners/Principals, either past or present, whilst they Were in the Firm, or in any previous Firm or position, Or any of the employees? **Yes /No**

If YES, please attach a statement giving full details.....

.....

17. Do you require insurance for any of the normal extensions available e.g.

- a) Loss of documents **Yes / No**

If, YES, then what limit **K5 000 K10 000**

- b) Dishonesty of employees **Yes / No**

- c) Libel and Slander **Yes / No**
- d) Liability of Ingoing/Outgoing Partner **Yes / No**
- e) Other (specify)

18. What is the amount of indemnity required?

- | | |
|-----------------|---------------------------|
| K100 000 | K250 000 |
| K500 000 | K1 000 000 or more |

19. What is the amount of the excess which you would be prepared to carry in respect of each claim?

- | | | |
|----------------|----------------|----------------|
| K10 000 | K25 000 | K50 000 |
|----------------|----------------|----------------|

(Underwriters require minimum excesses, depending on size and the type of work undertaken. Discount allowed for higher excesses).

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 any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform the Company of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Signing this Proposal form does not bind the proposer to complete this insurance.

Dated this..... day of.....

For and on behalf of.....
(Insert name of Firm/Organisation)

Signature of Partner/Principal.....

Please attach a brochure if available