



PROPOSAL FORM

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS PROPOSAL FORM

- ALL QUESTIONS SHOULD BE COMPLETED IN INK.
- WHERE A QUESTION IS NOT APPLICABLE TO YOUR PARTICULAR CIRCUMSTANCES, PLEASE WRITE 'N/A'.
- PLEASE TICK THE YES OR NO BOXES.
- IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS PLEASE USE AN ADDITIONAL SHEET AND ATTACH IT TO THIS PROPOSAL FORM.
- COMPLETING AND SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR INSURERS TO COMPLETE THIS INSURANCE.
- IF THIS PROPOSAL RELATES TO A NEW BUSINESS OR VENTURE, PLEASE COMPLETE THE QUESTIONS AS FAR AS POSSIBLE, GIVING ESTIMATED OR ANTICIPATED INFORMATION.

PROFESSIONAL INDEMNITY INSURANCE

PROPOSAL FORM

Please answer all questions fully and if you have a brochure or any other information concerning your business please attach to this proposal.

1. Name of Insured/Proposer:

2. Main address plus any overseas addresses:

3. Web-site address:

Email address:

Telephone No:

Fax No:

4. Date business established:

5. Full description of your business activities:

6. Do you currently have professional indemnity insurance in force?

Yes No

If Yes, please advise Insurer Renewal Date

Current Premium Current Excess

7. What Limit of Indemnity is now required?

Limit any one claim or series of claims arising out of one accident... ..BWP.

Limit any one period of insurance BWP.

8. Are you connected or associated (financially or otherwise) with any other business?

Yes No

If Yes, please give full details

9. 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

10. Are you a member of any Professional Association?

Yes No

If Yes, please give full details

11. Details of Principals/Partners/Directors:

a) Partners, Principals or Directors	
b) Other Qualified staff	
c) Other Technical staff (excluding Administrative staff)	
d) Administrative and all other staff	
TOTAL	

Please attach CVs for all of the above if the business is less than five years old.

12. Please advise if you undertake any services:

Case Management	%	Consultancy	%
Medico-Legal	%	Treatment	%
Other – details please:			%

13.

a) Do you engage consultants or sub-contractors?

Yes No

If yes, please give details of the nature of activities undertaken by such consultants or sub-contractors:

b) Do you ensure that the consultant or sub-contractor:

i) has appropriate qualifications?

Yes No

ii) maintains Professional Indemnity Insurance?

Yes No

14. Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes No

If yes, please give full details

15. Have you sustained any loss through the fraud or dishonesty of any person or are you aware of any fraud or dishonesty at any time of any past or present partner, director or employee?

Yes No

If Yes, please give details

16. Has any Partner, Principal, Director or Employee been subject to disciplinary proceedings by any Association or Professional Body?

Yes No

If Yes, please give details

17. Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business?

Yes No

If Yes, please give full details

18. Are you aware, after full enquiry, of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business?

Yes No

If Yes, please give full details

18. a) Give details of your fees/income derived from clients based in:

	Actual for Last Financial Year	Estimate for Current Financial Year	Estimate for Next Financial Year
BWP			
Elsewhere			

b) Is any work performed outside of the Botswana

Yes No

If Yes, please give full details

c) On what date does your financial year end?

19. Have you ever carried out any activities other than those disclosed in this proposal?

Yes No

If Yes, please provide details:

Please use the space below to provide details of any other material facts which potential insurers should be advised:

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.

I/We undertake to inform Insurers 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.

.....
Signature of Principal/Partner/Director

.....
Dated