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**PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM**

1. Name and Address(es) of the Firm/Company/Partnership

2. Nature of Business/Occupation:

3. Full name of each partner, qualifications and when qualified, how long been practicing, and any previously practicing name.

NAME	QUALIFICATION	WHEN QUALIFIED	HOW LONG BEEN PRACTISING	PREVIOUS NAME

4. Total number of partners/Directors and staff

(a) Partners/Directors

(b) Staff (other than Typists and Office Boys)

(c) Typists and Office Boys

5. When was the Firm/Company established?

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6. Give a detailed description of what the Firm/Company does:

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.....
.....

7. Does the Firm's/Company's practice extend or has ever extended to activities abroad?
(YES) (ON)

If so, indicate:

(a) What percentage is/was this in terms of the Firm's/Company's total business?

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(b) What is the method of handling such business?

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8. Total Indemnity required

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9. State the specific nature or Indemnity required

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10. Has any application for Insurance of this nature made on behalf of the Firm/Company or their predecessors in business or any of the present Partners/Director ever been declined?
(YES) (NO)

If so, give details

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11. Has any such Insurance ever been cancelled or renewal refused? (YES) (NO)

If so, give details

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12. Have any special terms been imposed on such insurance? (YES) (NO)

If so, give details

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13. Have any claims ever been made against the Firm/Company or their predecessors in business or any present or former Partners/Directors? (YES) (NO)

If so, give details

14. Are any of the Partners/Directors, after enquiry, aware of any circumstance, which is likely to give rise to a claim against the Firm/Company or their predecessors in business or any of the present or former Partners/Directors? (YES) (NO)

If so, give details

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I/We hereby declare that the above statements and particulars are true and that I/We have not suppressed or misstated any material facts and I/We agree that this Proposal Form shall be the basis of the contract with the insurers.

Date of Commencement of Insurance:

NAME OF FIRM/COMPANY:

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(PARTNERS/DIRECTORS):

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Date Proposal was signed: