

**ANCHOR INSURANCE COMPANY LIMITED**

**PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM**

- 1. Name of Firm: \_\_\_\_\_
- 2. State when established \_\_\_\_\_
- 3. Address/Addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No \_\_\_\_\_ E-Mail Address \_\_\_\_\_

4. **Please give the following:**

Names of Partners & Qualified Managers	Qualification	Date Qualified	How Long in Practice

5. Total number of Professionals & Staff: \_\_\_\_\_  
\_\_\_\_\_

6. (a) Which Professional Association or Body is your firm a Fellow, Associate or Member: \_\_\_\_\_  
\_\_\_\_\_

(b) Class of Membership: \_\_\_\_\_

7. Have you previously held or do you now hold Professional Indemnity Policy? \_\_\_\_\_  
If YES give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Has any application or renewal for this type of indemnity been

- (a) Declined? \_\_\_\_\_
- (b) Subject to increased premium? \_\_\_\_\_
- (c) Subject to special restrictions? \_\_\_\_\_

9. Have you recently discharged or are you contemplating discharging any of your staff for any omission, neglect or error?

\_\_\_\_\_

If YES please give full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Has any claim been made against your firm in the past?

\_\_\_\_\_

If so give particulars: \_\_\_\_\_

\_\_\_\_\_

11. Amount of Indemnity Required: **N** \_\_\_\_\_

12. Gross Fees Earned during last Financial Year: **N** \_\_\_\_\_

13. Period for which Indemnity is required: \_\_\_\_\_

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 fact, that at the present time I/We have no reason to anticipate any claim being brought against me/us for any negligent act, error or omission on the part of any member or employee of this practice or their predecessors in business. 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 a contract of Insurance.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature of Partner/Principal: \_\_\_\_\_

FOR AND ON BEHALF OF: \_\_\_\_\_

**N.B:**

**No insurance is in force until the Proposal has been accepted by the company and the Premium or Deposit paid.**