



Head Office: Peugeot House, Office No.2, Ground Floor, Upanga Road, P.O Box 5799, Dar es salaam, Tanzania.
Tel: (+255) 022 2122130/1, Cell: 0767 818101/838343; 0788549292, 0783543939
Email: enquiries@firstassurance.co.tz Website: www.firstassurance.co.tz

PROFESSIONAL INDEMNITY PROPOSAL FORM

MISCELLANEOUS ACTIVITIES

1. Full title of Proposer and subsidiary Companies to be included in the insurance (hereinafter referred to as "the Proposer")

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2. Please give a detailed description of the activities of the business to be covered.

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3. Is any radical change in the type of activities anticipated in the next 12 months?
If yes, please give details: - Yes [ ] No [ ]

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4. When was the business established and did the present business take over and/or purchase any other business?

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5. a) What was the Proposer's total turnover over the past three years?

i) Year..... Amt.....

ii) Year..... Amt.....

iii) Year..... Amt.....

iv) For the forthcoming 12 months Amt.....

b) If business comprises more than one activity or discipline, indicate percentage of turnover applicable to each.

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c) Please define "turnover" (i.e. does it comprise fees, or commissions or any other?)

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6. Please give details of all Directors/Partners and Key Personnel:

Name Position Qualifications

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.....

7. Number of staff not included in (6) above employed by the Proposer in the past 12 months (indicate according to employment category)

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.....
.....

8. Do you engage the services of independent or specialist consultants?

Yes [ ] No [ ]

If yes, please give full details and whether you have and/or will either ensure they have professional indemnity insurance for at least the amount of this proposal or have or will ensure that such consultants are engaged directly by your client.

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9. Please give details of any claims settled or outstanding or compromise settlements arising from any breach of duty whether insured or not.

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10. Is the Proposer aware of any circumstances, which may give rise to a claim?



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Yes  No

If yes, please give full details.

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.....  
.....

11. a) Have you previously been insured? Yes  No

If yes, with whom?

.....

b) Has any proposal for insurance ever been declined? Yes  No

c) Has any insurer ever required: -

i) Increased Premium or terms? Yes  No

ii) Special restrictions or conditions? Yes  No

d) Has any Insurer ever terminated or refused to renew any insurance?

Yes  No

If the answer to any of the above is Yes, please give details:

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.....

12. Indemnity and Excess required.

Indemnity:

Excess:

**THE AMOUNT OF INDEMNITY EFFECTED PROVIDES PROTECTION IN THE AGGREGATE DURING ANY ONE YEAR AND IS NOT AN AMOUNT OF INDEMNITY PROVIDED FOR EACH AND EVERY CLAIM.**



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13. Certain expenses and liabilities are excluded from the cover and may be covered at an additional premium.

Do you require cover for: -

- i) Defamation? Yes  No
- ii) Loss of documents? (Legal liability only) Yes  No
- iii) Retroactive errors and omissions? Yes  No

**DECLARATION**

I/We declare that the statements and particulars on 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.

DATE: .....

SIGNATURE .....