

Professional Indemnity Insurance

Proposal form



Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of proposer to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____
(if assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Cover required:

Type of Insurance required: _____

Value to be insured:

The amount of indemnity required?
_____ in the aggregate

The amount of self – insurance to be borne by the Firm:
_____ each claim

Period of Insurance: From: _____ To: _____

General Information:

Nature of Business:

Names and address/es of all Subsidiary Companies and/or Branch Offices:

When was the Firm established?

Had the name of the Firm been changed during the last six years? Yes No
If YES, please give details.

Have you any amalgamations or acquisitions taken place during the last Six Years?
If YES, please give details: Yes No

Please give details of Names, Qualifications (if any), Experience and Ages of All Partners or Directors :

Please State number of;

Partners or Directors: _____
Total Staff other than Typists and Messengers: _____
Typists and Messengers: _____

Is the Firm engaged in any activities other than Nature of Business missioned?
If YES, provide details: Yes No

Has the Firm authority to accept/bind risk on behalf of any Company? Yes No

During the Firm's last financial year what was;
the Total Income? _____
the Total Gross Income? _____

Please indicate the categories of business which the Firm handles and the percentage of each relative to the Firm's total premium income :-

(a)	_____	_____	_____	%
(b)	_____	_____	_____	%
(c)	_____	_____	_____	%
(d)	_____	_____	_____	%
(e)	_____	_____	_____	%
(f)	_____	_____	_____	%

Does the Firm own, rent or utilize Computers? Yes No
If YES, please give brief details.

Expiry date of existing cover: (If any) _____ Name of the Previous Insurer: (If any) _____

Have you ever had a loss before? Yes No
If YES, please give particulars:

Is any Partner or Principal aware, after enquiry of any circumstances which the result in any claim being made against : -

- a) the firm ? Yes No
- b) their predecessors in business ? Yes No
- c) any of the present or past Partners or Directors or the Firm of their predecessors in business ? Yes No

Is there any Insurance on the same property in force with this or other Insurance?
If YES, state the amounts and the names of the Companies: Yes No

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company? Yes No

Please enclose with this Proposal a recent resume, company profile, licence, certification copies any additional information to the vessel and operation which you feel may be useful to the Company in assessing the risk

Declaration

I/We authorise Solarelle Insurance Private Limited to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

I/We declare that I/we have read and understood the duty of disclosure, non-disclosure and policy conditions contained herein and confirm that no information has been withheld which could affect the acceptance of this application.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer: _____ Company Stamp: _____

Office use only

Intermediary Premium / Rate:

Special Condition:

Broker / Agent / Sales Code: