



# Prabhu Insurance Limited

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## PROPOSAL FORM FOR

### PROFESSIONAL INDEMNITY ERRORS AND OMISSIONS INSURANCE

This Proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form. The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

1. Name & Address of Proposer: \_\_\_\_\_  
\_\_\_\_\_

2. When established: \_\_\_\_\_

3. Full details of work carried on:  
(Please attach brochure, information booklet, etc. if any & specimen copy of contracts entered into) \_\_\_\_\_  
\_\_\_\_\_

(a) Names in full of all Partners/  
Directors/Principals : \_\_\_\_\_

Qualifications in full: \_\_\_\_\_

Date qualified: \_\_\_\_\_

How long principal in this  
Practice: \_\_\_\_\_

(b) Is coverage required in respect of past work for  
any Partner/Principal who has left, retired or  
died ? YES/NO. If 'YES' please give the following:

Full Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_

How long principal in  
this practice: \_\_\_\_\_

4. State:

(a) No. of qualified Engineers: \_\_\_\_\_

No. of Professionals: \_\_\_\_\_

No. of administrative personnel  
Including clerks, typist, office boys, etc.: \_\_\_\_\_

No. of apprentice: \_\_\_\_\_

(b) Total amount of annual wages payable: \_\_\_\_\_

5. do you engage persons outside your Organization? If yes, specify the details Of purpose and nature of control exercised by you over them (specimen contract be enclosed).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Loss record for 5 Years:

Year	Cause	Kind of Loss	Amount of Loss

7. Have you during the Past 12 months dismissed or do you contemplate dismissal of any member of staff an account of any omission, neglect, error or for like (please give full details)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Are you aware of any neglect, omission or error or Existence of any circumstances likely to give rise to a claim ?

\_\_\_\_\_

\_\_\_\_\_

9. (a) Annual fees earned during the last five years: Year \_\_\_\_\_ Fee \_\_\_\_\_

(b) Estimated fees for the current year: \_\_\_\_\_

10. Previous Insurance history: \_\_\_\_\_

11. Limits of Indemnity required: Any One year: \_\_\_\_\_

12. Voluntary Excess: \_\_\_\_\_

13. Period of Insurance required: from \_\_\_\_\_ To \_\_\_\_\_

We hereby declare that the above statement and particulars are true and I/we have not suppressed or misstated any material facts and 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 my/our part and agree that this declaration shall be the basis of the contract between me/us and the Insurer. I/we also agree that the indemnity under the insurance shall not be availed for claims arising out of acts of negligence error or omission or misconduct committed PRIOR to commencement of this insurance.

Date: .....

Place .....

\_\_\_\_\_  
SIGNATURE OF PROPOSER