



Specified Professions
IF POLICY IS ISSUED, IT WILL BE ON A CLAIMS – MADE BASIS

NOTICE : THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF APPLICANT: _____

ADDRESS: _____

CELL NO: _____

EMAIL ADDRESS _____

WEBSITE: _____

VAT REG. NO: _____

2. LIMIT OF LIABILITY DESIRED:

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> P 1,000,000 | <input type="checkbox"/> P 2,000,000 | <input type="checkbox"/> P 5,000,000 | <input type="checkbox"/> P10,000,000 |
| <input type="checkbox"/> P 15,000,000 | <input type="checkbox"/> P 20,000,000 | <input type="checkbox"/> P 50,000,000 | <input type="checkbox"/> Other |

3. DEDUCTIBLE:

- | | | | |
|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> P 10,000 | <input type="checkbox"/> P 20,000 | <input type="checkbox"/> P 50,000 | <input type="checkbox"/> P 75,000 |
| <input type="checkbox"/> P 100,000 | <input type="checkbox"/> P 200,000 | <input type="checkbox"/> P 500,000 | <input type="checkbox"/> Other |

4. Please describe in detail the professional services for which coverage is desired:

5. Is the applicant engaged in any business or profession other than as described in Item 4 ? _____
If Yes, please attach an explanation.

6. List the total gross income / fees for the past three years derived from those activities in Question 4. In addition, please list projected income / fees for the current year.

Financial Year End _____



YEAR **AMOUNT**

- a.) Current Projected P _____
- b.) Last Completed Financial Year P _____
- c.) Prior Financial Year P _____
- d.) Prior Financial Year P _____

7. For the income / fees listed in Question 6 b.) please give the approximate percentage derived from each of the activities listed in Question 4.

ACTIVITY	% OF INCOME / FEES
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

8. Applicant is:

- Corporation Partnership Individual

9. Year established: _____

10. Is the Applicant Firm controlled, owned or associated with any other firm, corporation or company?

- Yes No If Yes, attach an explanation.

Are any activities listed in Question 4 provided to such business enterprise?

- Yes No

11. Number of principals, partners, officers and professional employees directly engaged in providing services to clients:

Number of non-professional employees (clerks, secretaries etc.): _____

12. Please provide the following:

Name in full of all partners/principals/key employees	Professional qualification	Date qualified in practice	How long principal	How long as partner/
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13. To what professional association(s) or bodies does the Applicant Firm belong?

14. Please include a list of Applicant Firms five (5) largest jobs, clients or projects during the past three(3) years. Please give, in detail: 1.) project/client name; 2.) the nature of services performed for the client; and 3.) the revenues obtained from those services.

15. Does the Applicant Firm use a written contract with clients?

- In all cases Sometimes Never



Please attach a copy of your standard contract.

16. Does the Applicant Firm have any Risk Management Procedures implemented to help prevent claims? Examples include regular meetings, peer reviews of work, training etc
If Yes, please provide details below.

17. What percentage of the Applicant Firm's business involves sub-contracting to others: _____% does the Applicant Firm provide professional services to business entities in which it retains an ownership interest?

Yes No If Yes, please explain.

18. Has any similar insurance ever been declined or cancelled?

Yes No If Yes, attach explanation.

19. Is similar insurance currently in force?

Yes No If Yes, please provide:

Name of Carrier: _____
Expiration Date: _____
Limit: _____
Retroactive Date: _____
Deductible: _____
Premium: _____

20. Attach a current annual report and descriptive or promotional materials.

21. Have any of the individuals listed in Question 12 ever been the subject of disciplinary action by authorities as a result of their professional activities? If Yes, please explain.

22. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him?

Yes No If so, attach full particulars.

23. Attach list and status of all errors and omissions claims made against any proposed Insured(s) during the past five years.

If None, please tick here.

24. It is agreed with respect to Question 20, 21 and 22 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.



ALL WRITTEN STATEMENT AND MATERIALS FURNISHED TO THE COMPANY WHICH THIS APPLICATION IS SUBMITTED (HEREIN CALLED THE COMPANY) IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART THEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS APPLICATION ARE TRUE. THE APPLICANT FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES, AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OR AGREEMENT TO FIND THE INSURANCE.

APPLICANT'S SIGNATURE: _____

TITLE: _____

DATE: _____