

DISCOVER INSURANCE

insure@discoverinsurance.co.zm

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

NOTES:

1. Please answer ALL questions fully: replies such as "see your records" or "as previously advised" are not acceptable. If the space provided is insufficient, a separate sheet should be attached.
2. The Declaration forming part of this Proposal must be signed by a partner in the Firm and where cover is to include any Company through which the Firm provides professional services the partner signing the Declaration shall be deemed to be the duly authorised agent of such company.
3. Signature of this Proposal does not bind the Firm nor the Insurers to complete the insurance.
4. Wherever the term "Service Company" is used it includes C.C.'s through which services are provided.

1. Name of Firm(s):

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2. **Telephone No.:**

Fax No.:

Postal Address:

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3. a) Details of all Principals/Partners:

<u>Name</u>	<u>Qualifications and date qualified</u>	<u>How long in public practice</u>
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b) Details of Professional Staff:

<u>Staff Member</u>	<u>Qualifications</u>	<u>Experience</u>
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4. Gross Income of Firm(s) and Service Companies/Close Corporations:

a) Current Financial Year ZK.....

b) Last Financial Year ZK.....

5. Division of Work:

Please indicate the approximate percentage of the total income derived from:

- a) Auditing %
- b) Accounting %
- c) Secretarial %
- d) Taxation only %
- e) Management Consultancy %
- f) Other Consultancy %
- g) Share Registration %
- h) Executorship and Trusteeship %

i) Voluntary Liquidation %

j) Insolvencies, Compulsory Liquidation, Judicial Management and Receiverships %

k) Other (please specify fully) %

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6. Have you any Service Companies or Close Corporations through which professional services are rendered?

YES ☐ NO ☐

If yes, please complete the attached questionnaire.

7. Has any application for insurance of this nature (made on behalf of the Firm(s) or their predecessors in business or by any of the present partners, or on behalf of any Company named in the attached Service Companies' Questionnaire) ever been declined, cancelled or has renewal been refused or have special terms been imposed?

YES ☐ NO ☐

8. Have any claims ever been made against the Firm(s) or any of the present or former partners or against the predecessors in business of the Firm(s) or against any Company named in the attached Service Companies' Questionnaire?

YES ☐ NO ☐

If yes, please give full details on a separate sheet.

9. Are any of the partners, after enquiry, aware of any circumstances which may result in any claim being made against the Firm(s), their predecessors in business or any of the present or former partners or against any Company named in the attached Service Companies' Questionnaire?

YES ☐ NO ☐

10. a) Limit of Indemnity (inclusive of costs and expenses)

Indicate which basis required:

Alternatives	Annual Aggregate	Per Claim
i) ZK.....		
ii) ZK		
iii) ZK.....		

b) Excesses

Voluntary excess (for which premium discounts are given)

- i) ZK
- ii) ZK
- iii) ZK

11. Are you at present Insured? If so, please state:

- i) the amount of the indemnity: ZK
- ii) the date of expiry:
- iii) the Insurers
- iv) the first amount payable (deductible) ZK
- v) the Premium ZK

12. a) Have you any agency or inter-partnership arrangements with other accountants whereby:

- i) they carry our work in the name of your firm and/or

YES ☐ NO ☐

- ii) you carry out work in the name of those firms?

YES ☐ NO ☐

b) If so, please name those firms

- i) who carry out work in the name of your firm

.....

- ii) in whose names you carry out work.

.....

- c) If any firms carry out work in your name please submit a declaration from them that their partners are, after enquiry, not aware of any circumstances which may result in any claim being made in connection with work undertaken on your behalf.

DECLARATION

I/We hereby declare that the above statements and particulars are true and complete, that at the present time, other than as stated above, I/we have no reason to anticipate any claim being brought against me/us that might constitute a claim under the insurance now being requested. I/we agree that this proposal and declaration be the basis of the contract between me/us and the Insurers.

DATE:

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**SIGNATURE OF PRINCIPAL/
PARTNER/DIRECTOR
ON BEHALF OF THE FIRM:**

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- * 1. Completion and signature of this Proposal Form does not bind the Firm nor the Underwriters to complete this Insurance.
2. If a Policy is concluded, it will be issued on a "CLAIMS MADE" basis, i.e. to indemnify the Firm for claims first made against it in the manner described in the Policy during the Policy Period.

QUESTIONNAIRE FOR SERVICE COMPANIES/C.C.'S

1. **COMPANIES\C.C.'S THROUGH WHICH PROFESSIONAL SERVICES ARE RENDERED**

1.1 **Details of Companies/C.C.'s:**

<u>Name of Company/ C.C.'s</u>	<u>Directors/ Members</u>	<u>Functions of the Company/ Companies/C.C.'s</u>	<u>Annual Income to the accruing to the Firms/ C.C.'s</u>
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1.2 **Ownership**

Details of any financial interest in any Company/C.C. named above of any person other than a nominee of the partners in the Firm(s).

<u>Name of Company/ C.C.'s</u>	<u>Directors/ Members</u>	<u>Functions of the Company/ Companies/C.C.'s</u>	<u>Annual Income to the accruing to the Firms/ C.C.'s</u>
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1.3 **Management and Control**

Name of Partner ultimately responsible for activities of each Company/C.C.

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Does any Company/C.C. employ staff directly?

YES ☐ NO ☐

Are functions of the Company/C.C. exercised exclusively by partners/ employees of the Firm(s)?

YES ☐ NO ☐

1.4. Clientele and Contractual Relationships

Does any Company/C.C.

- i) offer its services - directly or through the Firm(s) - to persons who are not Clients of the Firm(s)?

YES ☐ NO ☐

- ii) enter into direct contractual relationships with clients?

YES ☐ NO ☐

Signed on behalf of the Firm and each of the Companies/C.C.'s named above.

PROPOSER:

DATE.....