

**PROFESSIONAL INDEMNITY PROPOSAL FORM**

1. Full name of the proposer : .....
  

Business Registration No : .....

NIC No : .....

  
2. Postal Address : .....
  

Mobile No. : .....

Telephone No. : .....

Fax No. : .....

Email : .....

  
3. (i) Nature of Business : .....
- (ii) Business Activities in Brief : .....
- (iii) Estimated Annual Turnover : .....
  
4. Location(s) of the Office(s) : .....
  
5. Territorial Limit : .....
  
6. Jurisdiction : .....
  
7. Period of insurance required From : ..... To : .....
  
8. Please indicate the limit of liability you require
  - (i) Per event : .....
  - (ii) In aggregate : .....
  
9. How long has the proposer been in business : .....

10. Details of the directors/partners/senior management of the company

Name	Designation	Qualification(s)	Number of years of experience in the industry

11. Total number of staff members : .....

12. Are there any overseas operations? If yes please specify :

Country	Percentage of estimated annual turnover

13. Have you been insured for Professional Indemnity?

Yes ☐

No ☐

If 'YES' please state :

(i) Name of the

Insurer(s) : .....

(ii) Period of

Insurance : .....

(iii) Limits of liability

provided : .....

(iv) Has any application for this type of Insurance cover ever been :

(a) declined?

YES ☐

NO ☐

(b) canceled?

YES ☐

NO ☐

(c) required special terms?

YES ☐

NO ☐

If 'YES' please give full details : .....

14. List all claims made against the Proposer during the last 10 years, if none, please state 'NONE'.

Date of Incident	Date of Claim	Amount Claimed	Amount Paid	Amount Outstanding	Details including nature of the allegations and details of Claimant

15. List all circumstances / complaints which may give rise to a claim being made against the Proposer. If none, please state 'NONE'.

Date of Circumstance / Complaint	Details including nature of the Complaint and details of the Claimant

### **Declaration**

- I declare that to the best of my knowledge and belief the information given is true in every respect and if such statements are in the writing of another person, he / she acted as my / our agent for such purpose.
- I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the company.
- I/We hereby agree to be bound by the Privacy Policy of People's Insurance PLC, accessible at <https://peoplesinsurance.lk/privacy-policy/>
- I/We agree to promptly notify the Company of any alterations or changes to the information provided herein.

Name of Proposer : (In Block Capitals)

Signature :

Date :