

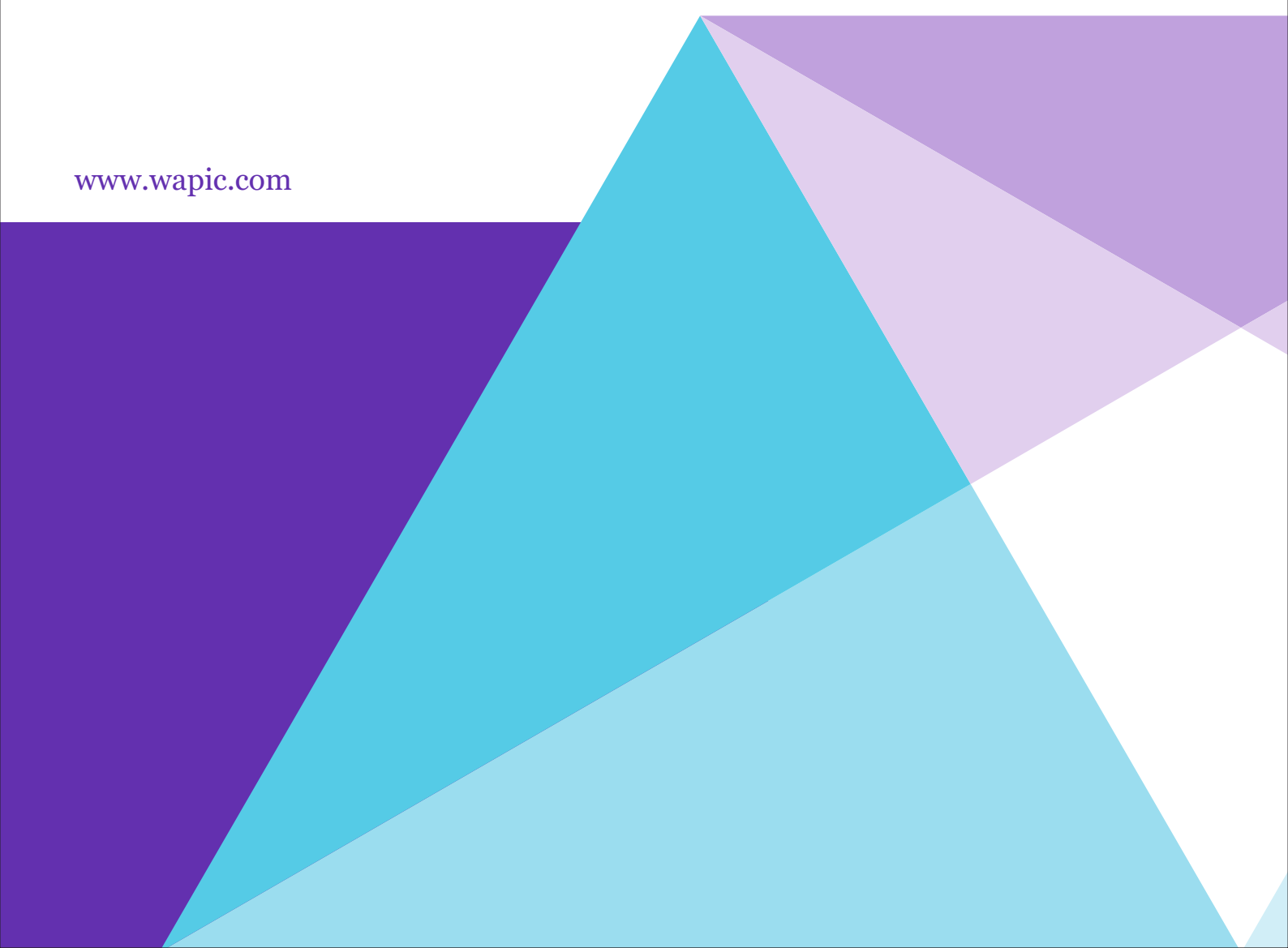
Risk Insured. Rest Assured



# Proposal Form

## Professional Indemnity Insurance

[www.wapic.com](http://www.wapic.com)



## Guidelines

1

Please fill the form in BLOCK LETTERS and leave one blank box between two words. Note that all sections of the proposal form must be completed particularly the ones marked (\*) using ink. Do not sign any blank or partially completed proposal form.

2

Kindly provide copies of all basic requirements. These include:

- ▼ Broker's slip/Risk Details
- ▼ Evidence of payment/Credit note for Brokers
- ▼ KYC documentation (as stated on the inner back cover)

3

Please note that any individual who assists an applicant to complete this proposal form for insurance purposes shall be deemed to have done so as an agent of the applicant.

4

Kindly contact the Company's Office or Agent for any doubts or clarifications on the content of this proposal form.

### Note:

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

It is important that you provide full and detailed answers to all questions to ensure proper assessment of the risk. This will also ensure quote terms that are fair and reasonable to both parties.

Incorrect or non-disclosure of material information by you may impact on claims arising under this policy.

# Professional Indemnity Insurance

Proposer's Name:

**▼ This section is for corporate customers only**

Legal Form:  Sole Proprietorship  Partnership  Cooperative  Limited Liability Company  
 Company Limited by Guarantee  Public Liability Company  Government (MDAs)

Website

**▼ General information**

Address\*    House no.    Street name

P. O. Box

Tel No.\*

Alt. Tel No.

Email\*

Business of Proposer\*:

**▼ Policy questions**

Total Number of Staff     Number of Qualified / Professional staff

Other Technical Staff     Other Staff (including typist, receptionist etc.)

	Name	Age	Qualification
1.			
2.			
3.			
4.			
5.			
6.			

\*Attach list if more than the space provided.

Are you a member of a good standing professional association/regulatory body?  Yes  No

If 'Yes', please specify

Your professional activities: Please state fully the nature of your business (please attach company corporate profile)

Gross professional fees / earnings for the last 1 year: N

Estimated gross professional fees / earnings for the next year: N

Period of Insurance: From  to

Limit of Indemnity Required: a) Any one occurrence: N

b) Any one period of insurance: N

Expected Premium: N     Source of Funds:

Bankers:

## Professional Indemnity Insurance

Does the proposer ensure that the Sub Consultants are engaged in a binding contract accepting responsibility for their own negligence, error or omission and does the proposer ensure that all Sub - Consultants carry Professional Indemnity Insurance?  Yes  No

Does the insured maintain a Complaints Register on all complaints it receives from clients?  Yes  No

Does the proposer have written procedures or checklists for the service performed?  Yes  No

Does the Proposer currently have Professional Indemnity Insurance in force?  Yes  No

If 'Yes', provide the following details:

Name of Insurer	Period of Insurance	Sum Insured (N)	Premium (N)	Excess

Have you suffered any loss (es) in the past?  Yes  No

If 'Yes', please give details

Year	Insurer	Claimant	Nature of Problem	Amount Paid/Outstanding (N)

Has any company declined, cancelled, refused or accepted your proposal on special terms and conditions?  Yes  No

If 'Yes', give details in a separate sheet

# Professional Indemnity Insurance

## ▼ Declaration

I/We hereby declare that the statements made by me/us in this proposal form are true to the best of my/our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and Wapic Insurance Plc. If any additions or alterations are carried out in the risk proposed after the submission of this proposal form then the same should be conveyed to the insurers immediately.

I/We authorize Wapic Insurance Plc to share my/our contact information like name, company name, address, phone number and email etc relating to me/us, with their affiliate companies. Wapic can also use such information for communicating any promotional marketing offers including, product offerings, services rendered and other such via:  SMS  Telephone  E-mail

Date:  /  /  Signature of Proposer

## ▼ For office use only

Branch/Team MIS Code  Staff Agency Code  Staff Code

RM MIS Code  Group MIS Code  Rate

Date:  /  /

Policy No:

**For Office Use Only**

This section is to be completed by the Account Officer in block letters. The Account Officer is to indicate if necessary KYC documents have been provided by checking the appropriate boxes below and attaching copies of documents obtained from the customer.

**▼ Proposer's details**

Proposer's Name:

RC Number  Date of Incorporation  /  /

Board Resolution  Memorandum and Articles of Association  Certificate of Registration/Incorporation  Directors' ID

**Directors' Information**

	Surname	First Name	Mobile Number	Email Address
Director - 1				
Director - 2				
Director - 3				
Director - 4				
Director - 5				
Director - 6				
Director - 7				
Director - 8				
Director - 9				
Director - 10				

**▼ General AML/CFT requirement**

Visitation conducted?  Yes  No Visitation report completed?  Yes  No

Customer Due Diligence (CDD) conducted?  Yes  No Enhanced Due Diligence (EDD) required?  Yes  No

Is the customer's core business activity one of the defined high risk businesses?  Yes  No

The customer's business located in a high risk location?  Yes  No Is the customer a Politically Exposed Person (PEP)?  Yes  No

**▼ AML/CFT Risk classification**

High Risk  Medium Risk  Low Risk

Explain the basis for the AML/CFT risk classification

**▼ Visitation report**

Visitation date  /  /  Met with

Information gathered

Remarks

Account Officer's Name  Rel. Mgr. Name

Account Officer's Signature  Rel. Mgr. Signature

Date  /  /  Date  /  /

**▼ Technical unit's review**

Remarks


Name

Unit  Signature  Date  /  /

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