



MAYFAIR INSURANCE COMPANY ZAMBIA LIMITED

Proposal Form for Professional Indemnity Insurance (Brokers / Agents)

- 1. Name of Firm:.....
2. Postal Address:.....
3. Telephone:..... Fax:.....Email:.....
4. Address of Branch Offices (if any).....

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- 5. Present Legal Constitution (Tick the appropriate)
a) Sole Practice b) Partnership c) Limited Liability Company
6. Does this Practice undertake any work whatever where the "end product" of such work is carried out in territories other than the Republic of Zambia?

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If yes, please give the following details:

Table with 4 columns: Country, Starting Date, Type of Work, Gross Income

- 7. When was the Firm established?
a) As currently constituted
b) As initially established.....

8. Name and Qualifications of all Principals

Table with 4 columns: Name of Principal, Qualifications, Date Qualified, How Long in this Practice

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9. Has any application for insurance of this nature (made on behalf of the Firm or its predecessors in business or by any of the present Principals) ever been declined, cancelled or has renewal been refused or have special terms been imposed?

10. Have any claims for professional negligence, error or omission been made against the Firm or its present and/or past Principals during the past 5 years?
 If yes, full details must be given on a separate sheet to be attached to this proposal.

11. Are any of the Principals, after enquire, aware of any incidents or circumstances which may result in a claim being made against the Firm, its predecessors in the business or any of the present or former Principals?
 If yes, full details must be given on a separate sheet to be attached to this proposal.

12. Professional/Business Relationships

a) Does the Firm or any Partner/Principal/Director have any association with or financial interest in any other practice, company or organisation?

b) Is the Firm or any Partner/Principal/Director engaged with any other firm or person in a single project Partnership?

c) Is the Firm or any Partner/Principal/Director a member of a Consortium or Group Practice?

If yes to any of the above questions, please provide full details on a separate sheet to be attached to this proposal.

13. Companies through which professional services are rendered

Does the Firm render any of its services by means of services companies?

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 If yes, please provide the following details:

Name of Company	Directors	Activities	Annual Income
			1. of the Company 2. accruing to the Company

			1.
			2.

14. Has this Firm previously been insured for Professional Indemnity?

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If yes, please state as follows

Name of Insurer	Limit of Indemnity	Expiry Date	Excess applied

15. Staff Compliment

a) Names of Partners/Principals/Directors:

b) Number of Professional Staff:.....

c) Number of Typists, Messengers etc:.....

Total Number:

16. Gross Income on the Firm

a) Last Financial Year:

b) Estimate for the next Financial Year:

17. Quotation Required

State the Limit of Indemnity required:

18. Extension of Cover

Do you require cover for the following?

a) Retroactive Cover (liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated)

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If yes, please state retroactive date

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19. Division of work

Approximately percentage (%) of estimated Gross Income accruing from various activities listed below:

- a) Life and Pensions (including Retirement Annuity business):.....
- b) Mortgage Broking in connection with Life and Pensions Broking:.....

- c) Mortgage Broking **not** in connection with Life and Pensions Broking....
- d) Fire/Motor/Accident/Engineering:.....
- e) Marine business:.....
- f) Aviation business:.....
- g) Reinsurance business:.....
- h) Foreign business:.....
- i) Other activities (please specify):.....

20. Acceptance / Claims Authority

Do you have any binding, Underwriting and/Claims Settlement Authorities, otherwise than in terms of Standard Agency Contracts?

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Declaration

I/We hereby declare that all statements and/or particulars made or given in connection with this Proposal are true and complete and I/We have not suppressed or mis-stated any fact material to this proposal.

I/We agree to declare at the end of the insurance year the number of staff and the gross income actually earned during the period and to pay any excess premium due should this sum exceed the figure estimated hereon.

I/We understand and agree that this Proposal and Declaration shall be the basis of the Contract between me/us and Cavmont Capital Insurance Corporation Limited.

Signature of Partner/Principal/Director:

Date:.....