



**MAYFAIR INSURANCE COMPANY ZAMBIA LIMITED**

**PROPOSAL FORM  
PROFESSIONAL INDEMNITY INSURANCE**

**1. Your Details**

a)	Name of Proposer	
b)	Physical Address	
c)	Postal Address	
d)	Fax Numbers	
e)	Fax / e-mail address	
F]	Contact Person / Telephone	

**2. Company**

a)	When was the company registered?	
b)	Gross professional fees – Last 12 Months	
c)	Expected professional fees – Next 12 Months	

**2. Professional Activities (Please provide brochures or other documentation to assist CCICL gain a better appreciation of the risk proposed)**

a)	State fully the nature of your business	
b)	Apart from the above, is there any other professional work, which the proposer undertakes?	

**3. Please give the following particulars for each Director/Trustee/Partner**

Name	Age	Professional Qualifications	Years Practicing		Name of Previous Business Practice
			Current Business Practice	Previous Business Practice	

**4. Please give the following particulars for each Professional**

a)	Qualified Staff – Full Time					
b)	Qualified Staff – Part Time					
	Total Number of Staff					
Name	Age	Professional Qualifications	Years Practicing		Name of Previous Business Practice	
			Current Business Practice	Previous Business Practice		

( If space provided is not enough please attach schedule)

**6. Total number of staff**

## 7. Insurance History

	Has the proposer ever been insured against professional indemnity risks? If so, state name of the insurance company.	
a)	Name of Insurer	
b)	The period of Insurance	

## 8. Has any Insurer in respect of any professional indemnity cover

a)	Declined a proposal from the proposer	
b)	Cancelled or declined to renew any policy, or	
c)	Demanded an increase rate, or	
d)	Required special terms to Insure or grant any renewal?	

## 9. Amount of Indemnity required

a)	Any one event or series of event arising out of any one cause.	
b)	All events during the period of Insurance	

## 10. Claims and Circumstances Has the proposer, discharged or is the proposer contemplating to discharge/terminate any employee for

a)	Any negligent Act, error or omission, or commission	
----	---	--

b)	Has any one made any claim for breach of professional duty against the proposer or qualified Person Individually or has the Proposer any reason to suspect that such a claim could be made? If so, give full particulars.	
c)	Give below particulars of all professional indemnity claims made by the proposer during the past three years.	

YEAR	NO. OF EVENTS	INSURER	AMOUNT RECOVERED	AMOUNT TO BE RECOVERED

**11.**

Is there any other information material to the risk in the proposer's possession? If so, give full details.	
---	--

I/We hereby declare that the above statements and answers are true and complete and that no material fact has been with-held, mis-stated or misrepresented and that I/We agree that this proposal and declaration shall be the basis of the contract between me/us and Cavmont Capital Insurance Corporation Limited, whose standard policy for the insurance proposed is acceptable to me/us.

PLACE: .....

DATE: .....

.....  
SIGNATURE OF PROPOSER

(A Partner/Director of the Firm/Company must sign this proposal form)

Note: The liability of the company does not commence until the proposal has been accepted by the Corporation and the premium paid.