

IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

PROFESSIONAL INDEMNITY POLICY UIN: IRDAN106RP0044V01202223

PROPOSAL FORM - FOR OTHER MISCELLANEOUS CLASSES

Applicable to ACCOUNTANTS/ CHARTERED ACCOUNTANTS/ FINANCIAL CONSULTANTS/ MANAGEMENT CONSULTANTS/ LAWYERS/ ADVOCATES/ SOLICITORS / COUNSELS/ CONSULTANTS

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form.

The Company doest not assume any liabilities until the Proposal has been accepted and premium paid.

			-	· · ·					
1)	Name	and Address of Proposer:							
2)	When	Vhen established:							
3)	(Pleas if any a	Full details of work carried on (Please attach brochure, information booklet, etc. if any & specimen copy of contracts entered into)							
4)	a)	Names in full of all Partners/Directors/ Principals	Qualifications in full	Date qualified	How long principal in this practice				
	b)	Is coverage required in respect died? YES/NO. If 'YES' please give the following		ner/Principal who ł	nas left, retired or				
		Full Name	Qualifications	How long Princip	al in this practice				
5)	State:								
	a)	No. of qualified accountants/lawyers No. of professionals No. of administrative personnel including clerks, typists, office boys, etc. No. of apprentice							
	b)	Total amount of annual wages payable							
6)	lf yes,	Do you engage persons outside your organisation? If yes, specify the details of purpose and nature of control exercised by you over them (specimen contract be enclosed).							
7)	Loss record for 5 years: Nil . New Company.								

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	Year	Cause	Kind of Lo	<u>SS</u>	Amount of Loss				
8)	Have you during the past 12 months dismissed or do you contemplate dismissal of any member of staff on account of any omission, neglect, error or for like (please give full details)								
9)	Are you aware of any neglect, omission or error or existence of any circumstances likely to give rise to a claim?								
					Year	Fee			
10)	(a) Annual fees earned during the last five years expected revenue								
	(b)	Estimated fees for the	current year		2				
11)	Previous Insurance History								
12)	Limits of Indemnity required : Any One Act : Rs Any One Year : Rs								
13)	Voluntary Excess								
14)	Period o	f Insurance Required	From						

I/We hereby declare that the above statement and particulars are true and I/We have not suppressed or misstated any material facts and that at the present time I/We have no reason to anticipate any claim being brought against me/us for any negligent act, error or omission on my/our part and against the company and agree that this declaration shall be the basis of the contract between me/us and the Insurer. I/We also agree that the indemnity under the insurance shall not be availed for claims arising out of acts of negligence, error or omission or misconduct committed PRIOR to commencement of this Insurance. I/We declare that all statutory requirements relating to our profession/ business activities have been complied by us.

SIGNATURE OF PROPOSER

Date :

Place:

SECTION 41 OF THE INSURANCE ACT, 1938

PROHIBITION OF REBATES

- 1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy nor shall any person taking out or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
- 2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs. 10,00,000/-.

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