



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 does not assume any liabilities until the Proposal has been accepted and premium paid.

- 1) Name and Address of Proposer:

- 2) When established:

- 3) 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 of past work for any Partner/Principal who has left, retired or died? YES/NO. If 'YES' please give the following			
	Full Name	Qualifications	How long Principal 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) 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.

