

TSEHAY INSURANCE S.C

PROFESSIONAL INDEMNITY PROPOSAL FORM **For Insurance Brokers and Insurance Agents**

1. PLEASE ANSWER ALL QUESTIONS LEAVING NO BLANK SPACES.
2. IF YOU HAVE INSUFFICIENT SPACE TO COMPLETE ANY OF YOUR ANSWERS PLEASE CONTINUE ON YOUR HEADED PAPER. (SEPARATE SHEET FOR NATURAL PERSONS)

THIS IS AN APPLICATION FOR A POLICY WHICH IS LIMITED TO LIABILITY FOR ONLY THOSE CLAIMS THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD.

1. Names and address (es) of the proposer or companies or partnerships or firms

Name in Full _____

Address: City _____ Woreda _____ Kebele _____ House No. _____

P.O. Box _____ Telephone _____ Fax _____

License number _____ issue date _____ Expiry date _____

2. Name(s) of principal(s)
-

3. Name(s) under which the business/practice is conducted
-

Date Established _____

4. Address of principal office
-

Name and Address of all other offices _____

5. a) Please give details of name changes amalgamation and take over in the last six years.
-

b) Please give details of any prospective changes planned in the next twelve months.

Interests in or of other organizations/firms _____

Where the proposer or any partner/director or combination of Partners/Directors hold a financial or executive interest in another organization or firm on behalf of or to whom services and/or advice are supplied indemnity will be restricted to claims emanating from independent third parties. Conversely, where any other organization firm/entity has an interest in the Firm(s) proposed, please supply details so that your indemnity may be appropriately structured to your requirements

- c) If the proposer or firm supplies services and/or advice to any other organization in which any member of the firm holds a financial and/or executive interest. Please list: name of organization nature of interest, shareholding % (if applicable) services and/or advice supplied.

(g) Others(please specify)
%%

13. What percentage of your premium income was derived from:-
 (a) Own country? _____ %
 (b) Elsewhere (if more than 10% please specify each country and percentage)

14. Do you own, rent or utilize computers? If 'YES' please give brief details	YES	NO
15. Have you previously been insured If 'Yes' please specify	YES	NO

Insurer	Policy Period	Limit of Indemnity	Amount of Self-Insurance Each Claim

We must remind you that it is IMPERATIVE to answer questions 16 and 17 correctly: failure to do so could PREJUDICE YOUR RIGHTS if subsequently a claim should be made.

16. Has any application for similar insurance made on behalf of you or any of your present Partners or Directors or on behalf of your predecessors in business ever been		
(a) declined?	YES	NO
(b) cancelled?	YES	NO
(c) refused at renewal?	YES	NO
(d) made the subject of specially imposed terms?	YES	NO
If any answer is YES please give full details.		

17. Have any claims been made against:-		
(a) you?	YES	NO
(b) your predecessors in business?	YES	NO
(c) any of the present or past Partners or Directors of the Firm or their predecessors		
(d) in business?	YES	NO
If any answer is YES please give details.		

18. Is any Partner or Principal aware, after enquiry, of any circumstances which may result in any claim being made against:-		
(a) the proposer or the Firm?	YES	NO
(b) their predecessors in business?	YES	NO
(c) any of the present or past Partners or Directors of the Firm or their predecessors in business?	YES	NO
If any answer is YES please give details The answer to this question is important and care should be taken in answering it.		

19. Please state indemnity required	
(a) Limit anyone claim	Br.
	3

(b) Limit in the annual aggregate

Br.

(c) Deductible each and every claim to be borne by you

Br.

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/WE have not suppressed or mis-stated any material facts and I/WE agree that this Proposal Form and any supplementary information sheet(s) attached hereto shall be the basis of the contract with the Company.

Name

Signature Date

N.B. This Proposal Form and any supplementary information sheets must be signed in ink by proposer. Signing the Form does not bind the Proposer or the Company to complete this Insurance.