

Enterprise Professional Indemnity Form

Please answer questions leaving no blank spaces, Please complete form in ink. If you have insufficient space to complete any of your answers you may please request for additional papers. This form must be signed and dated by a partner, principal or director of the firm. If you have a brochure about your firm's Operations, please let us have it.

Insured's Details

1. Name Of Firm.....
2. Address(es) (Include All Branches).....
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3. When Was The Firm Established?.....
4. State Firm's Profession.....
5. Name In Full Of All

Directors/partners	Qualifications	Date Obtained	How Long In Practice?

6. Total Number Of Staff.....
Professionally Qualified.....
Others.....
Typist And Office Boys.....
7. Total Indemnity Required (Inclusive Of Any Extensions).....
8. If Available Does The Firm Require: Insert 'Yes' Or 'No'
Extension 1 - Libel And Slander.....
Extension 2 - Loss Of Document.....
9. Has Any Application For Insurance Of This Nature Made On Behalf Of The Firm Or Their Predecessors
In Business Or Any Of The Present Partners/directors Ever Been Declined Or Has Any Such Insurance
Ever Been Cancelled Or Renewal Refused Or Have Special Terms Been Imposed?.....
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10. Have Any Claim Ever Been Made Against The Firm or Their Predecessors Or Former Partners/directors?

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11. Are Any Of The Partners/directors After Enquiry Aware Of Any Circumstance, Which Is Likely To Give Rise To A Claim Against The Firm Or Their Predecessors In Business Or Any Of The Present, or Former Partners/director?

Yes ☐ No ☐

If So Please, Give Full Particulars.

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DECLARATION

I warrant that the above statements and particulars are true and I hereby agree that this Declaration shall be held to be promissory and of continuing effect and shall form the basis of and be deemed to be incorporated in the Contract between me and the ENTERPRISE INSURANCE and I am willing to accept a policy subject to the Terms prescribed by the Company herein, and to pay the Premium thereon.

Date.....

Signature.....

Agency.....

Contact Details

Head Office

Advantage Place,
7th Avenue Mayor Road, Accra, Ghana
Telephone: 0302634777
Info.insurance@enterprisegroup.net.gh
www.enterprisegroup.net.gh

Branches:

Enterprise Market, Advantage Place.

Ridge West, Accra
Tel: 0302634777 EXT. 1060

Enterprise Market, High Street.

No. 11 High Street
Tel: 0302634777

Airport Office

No. 47 Patrice Lumumba Street
Airport Residential Area, Accra
0302634738

Tema Office

Lodestar Heights,
in front of Melcom Plus Community 1, Tema
0302634747

Odorkor Office

1st Floor, Obrapa House
Kaneshie-Mallam Motorway, Accra
0302634742

Takoradi Office

Room 316, 2nd Floor, SSNIT House
Plot 39, Accra Road
0302634752

Tamale Office

Hospital Road
0302634752

Achimota Office

Sonnidom House 365
Achimota-Nsawam Rd
Mile Seven-Achimota
0302634739

Kumasi Office (Mbrom)

Former Internal Revenue Building
Opposite Shell Filling Station, Mbrom
0302634750

Kumasi Office (Ahodwo)

Opposite Ahodwo Melcom Building
0302634749

Spintex Office

1st Floor, Takyi Plaza
Plot no. 40, Accra (Near Papaye Fast Food)
0302634741

Weija Office

Genesis Mall, Adjacent SilverBird 3D Cinema
House no. 8, MILE 81/210, Winneba Road, Weija
0302634744

Lapaz Office

Ground Floor
House no. 104/23
Abeashie Street, Nyamekye, Lapaz, Accra
0302634746

Trade Fair Office

1st Floor, Number 37
Trade Fair Road, La, Accra.
0302634744

South Industrial Office

1st Floor opposite, Barclays building near
St. Theresa's school, North Kaneshie, Accra
0302634745

