

Cholamandalam General Insurance Company Limited

SPECIALISED PROFESSIONAL LIABILITY PROPOSAL

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS – MADE BASIS

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY JUDGEMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. NAME OF PROPOSER:

ADDRESS: _____

2. LIMIT OF LIABILITY DESIRED:

3. DEDUCTIBLE:

4. Please describe in detail the professional activities for which coverage is desired:

4. Is the proposer engaged in any business or profession other than as described in Item 4?

If yes, please attach an explanation and estimated receipts.

5. List the total gross receipts for the past three years derived from those activities in Question 4. In addition, please list projected receipts for the current year.

	YEAR	AMOUNT
a)	Current Projected	Rs. _____
b)	_____2006-7_____	Rs. _____
c)	_____2005-6_____	Rs. _____
d)	_____	Rs. _____

6. For the receipts listed in Question 6a), please give the approximate percentage derived from each of the activities listed in Question 4.

ACTIVITY

_____	_____ %
_____	_____ %
_____	_____ %

8. Proposer is: Corporation Partnership **Individual**

9. Year Established: _____

10. Is the Proposer Firm controlled, owned or associated with any other firm, corporation or company?
☐ YES ☐ NO If yes, attach an explanation
 Are any activities listed in Question 4 provided to such business enterprise? ☐ ☐ Yes No

11. a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients :

b) Number of non-professional employees (clerks, secretaries, etc.) _____

12. Please provide the following :

Principal	Name in full of ALL Partners/Principals/ Key Employees	Professional Qualifications	Date	How long in Partner/	How long as Partner/
	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

13. To what professional association(s) does the Proposer Firm belong?

14. Please include a list of Proposer Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

15. Does the Proposer Firm use a written contract with clients ?
☐ In call cases ☐ Sometimes ☐ Never till date
 Please attach a copy of your standard contract.

16. What percentage of the Proposer Firm's business involves subcontracting of work to others
_____zero_____ % does the Proposer Firm provide professional services to business entities in which it retains an ownership interest

☐ Yes ☐ No If yes, please explain.

17. Has any similar insurance ever been declined or cancelled? Yes (If yes, attach explanation)

☐☐

18. Is similar insurance currently in force? Yes ☐ no ☐ If yes, please provide :

Na of Carrier: _____

Expiration Date : _____

Limit: _____ Deductible _____ Premium _____

Length of time coverage has been in force

19. Attach current annual report and descriptive or promotional materials

20. Have any of the individuals listed in Question No.12 ever been the subject of disciplinary action by authorities as a result of their professional activities? If yes, please explain.

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him. ☐ Yes ☐ (If yes, attach full particulars)

22. Attach list and status of all errors and omissions claims made against any proposed Insured(s) during the past three years. If none, please check here ☐

It is agreed with respect to Question #20, 21 and 22 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY WHICH THIS PROPOSAL IS SUBMITTED (HEREIN CALLED THE COMPANY) IN CONJUNCTION WITH THIS PROPOSAL ARE HEREBY INCORPORATED BY REFERENCE INTO THIS PROPOSAL AND MADE A PART HEREOF.

PRODUCER	_____	PROPOSER'S SIGNATURE	_____
ADDRESS	_____	TITLE	_____
_____		DATE	_____

IF A POLICY IS ISSUED THE PROPOSAL IS ATTACHED TO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this Policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this Policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

INSURED	_____
BY	_____
TITLE	_____
DATE	_____

THIS PROPOSAL DOES NOT BIND THE PROPOSER TO BUY OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD THE POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED PROPOSER DECLARES THAT THE STATEMENTS SET FORTH IN THIS PROPOSAL ARE TRUE, THE PROPOSER FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS PROPOSAL CHANGES BETWEEN THE DATE OF THIS PROPOSAL AND THE TIME WHEN THE POLICY IS ISSUED, THE PROPOSER WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OF AGREEMENT TO BIND THE INSURANCE.