**NOVA INSURANCE COMPANY LIMITED**

**Plot 6, Mackinnon Road, Nakasero**

**P.O.BOX 24876, Kampala- Uganda,**

**Tel: +256414232995, Fax: +256414232996,**

**E-mail:** [**info@novainsurance.co.ug**](mailto:info@novainsurance.co.ug)

**PROPOSAL FOR PROFESSIONAL INDEMNITY INSURANCE**

1. Name of the firm …………………………………………………………………………………………….......
2. Address of the firm ………………………………………………………………………………………………..

Tel No. ………………………………… Fax:…………………………….. E-mail:………………………………

Details of the contact person ………………………………………………………………………………….

1. Trade of profession …………………………………………………………………………………………………
2. Full names of all partners and their qualifications

**Names**  **Qualifications** **Length of practice**

1. ……………………………………… ………………………………………. …………………………………..
2. ……………………………………… ………………………………………. ……………………………………
3. ……………………………………… ………………………………………. …………………………………...
4. ……………………………………… ……………………………………….. …………………………………….
5. Full names of Technical staff, their qualifications and experience in the above field:

**Names** **Qualifications** **Length of practice**

1. …………………………………….. …………………………………. ……………………………………
2. …………………………………….. …………………………………. ……………………………………
3. …………………………………….. ………………………………….. ……………………………………
4. …………………………………….. ………………………………….. ……………………………………
5. Total number of staff (a) Senior Staff …………………………………………………………………………………….

(b) Personal Secretaries ………………………………………………………………………

(c) Typist and office Boys …………………………………………………………………….

7. Have any claims been made against your firm in the past? ………………………………………………………

8. If so give particulars …………………………………………………………………………………………………………………

9. Have any claims been made against any of the partners? …………………………………………………………

10. If so give particulars …………………………………………………………………………………………………………………

11. Has any application for insurance made by you or your predecessors in business ever been

decline?.....................................................................................................................................

12. If so state reasons…………………………………………………………………………………………………………………

13. Amount of indemnity required……………………………………………………………………………………………..

14. Do you undertake to act as Liquidators, Receivers or Trustees in Bankruptcy?

……………………………………………………………………………………………………………………………………………….

I/We desire to effect insurance in the terms of the Policy to be issued by your Company. I/We hereby declared that the statements and particulars given by me / us above, which I/we have read over are correct and that no material fact has been misinterpreted or misstated. And I am / we are not aware of circumstances likely to affect the risk. I /we agree that the statements in the Proposal shall form basis of the contract between the Company and me / us. And if the risk is accepted I /we undertake to pay the premium when called upon to do so.

Date ……………………………………… Signature of Proposer ……………………………………………..

The Liability of the Company does not commence until the proposal; has been accepted and the first premium paid.