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FOR OFFICE USE ONLY

**Proposal Form
Professional Indemnity Insurance**

Policy No.:
Proposal No.:
Intermediary:

A. PARTICULARS OF PROPOSER

Proposer's name:		
ID No./Passport No./ Business Registration No.:		Nationality:
Date of Birth(dd/mm/yy): <i>dd / mm / yy</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Proposer's correspondence address (in Block Letters):		
		Postcode:
Phone No. (Mobile):	Phone No. (Office):	Phone No. (Fax):
Email:		
Contact Person & Designation:		Phone No.:
Profession or Practice:		
Situation of the premises:		
Period of Insurance(dd/mm/yy). From: _____ To: _____		
Jurisdiction:		
Stated Territory:		
Limit of Indemnity required		
Per Occurrence	MVR / USD	<input type="text"/>
Aggregate Limit	MVR / USD	<input type="text"/>

B. GENERAL QUESTIONS

1. Please list all additional business entities (whether or not currently trading, including year of establishment and year of cessation if applicable)

2. Please list addresses of all other offices currently trading

3. Is/are the firm(s) or any principal, partner or director a member of a consortium, joint venture, single project partnership or group practice? If YES, please provide details. Yes No

5. Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)? If YES, please provide details. Yes No

C. STAFF AND PARTNERS

1. Please give details of Principals, Partners or Directors:

Name	Date of Birth	Relevant Qualification	Year became Partner/Director

2. Please give details of number of permanent staff in current business:

	Full Time	Part Time
Principals/Partners/Directors		
Professionally Qualified		
All Others		

3. Does the firm(s) use specialist designers, consultants or sub-contractors? If YES, Please answer the following: YES NO

Please state what proportion of the firm(s) business involves the subcontracting of work or others? %

Does the firm(s) insist that the specialist designers / consultants / sub-contractors maintain their own PI cover? YES NO

What services does the firm(s) use the specialist designers / consultants / sub-contractors for?

How does the firm(s) select and manage the specialist designers / consultants / sub-contractors?

Is cover required for the professional activities of any principal, partner or director prior to joining the business? If YES, please provide details.

YES

NO

D. ACTIVITIES

1. Please state your total gross income for the last 5 financial years plus an estimate for the forthcoming financial year. If you have been trading for less than 12 months please provide an estimate of your total gross income for the first 12 months.

Year Ending	Maldives	Elsewhere	Total
/ /			
/ /			
/ /			
/ /			
/ /			

Estimate for forthcoming year

/ /			
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2. Please provide a clear description of the business activities of the firm(s):

3. Please categorise the activities of your firm(s) and state the approximate percentage of the total work carried out in each instance:

Activity

	%
	%
	%
	%
	%
Total	%

4. Does the work split above represent the make up of the firm(s) over the past three years?

YES

NO

5. Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months? If YES, please provide details.

YES

NO

6. If there were a failure of any of the firm(s) products or services could this result in any:

- i. Loss of life or injury to others YES NO
- ii. Destruction or damage to physical property YES NO
- iii. Immediate and large financial loss YES NO
- iv. Significant cumulative financial loss YES NO

If the firm(s) have answered 'YES' to any of the above, please provide details

7. Please give details of the 5 largest contracts undertaken in the past 3 years or for a new practice, in the forthcoming year:

Name of Client	Industry	Nature of Contract Value	Total Contract	Income to You

E. RISK MANAGEMENT

1. Does the firm(s) always use standard written contract conditions? If NO YES NO

i. What percentage of contracts are in the non-standard form _____ %

ii. What are the procedures for the sign-off / approval of a non-standard contract?

2. In respect of all contracts the firm(s) enters into, do they always include:

- i. An outline of the scope of services to be provided? YES NO
- ii. Limitation of liabilities? YES NO
- iii. Direct, Consequential and Economic Loss Exclusion YES NO
- iv. Indirect, Consequential and Economic Loss Exclusion YES NO
- v. Force Majeure YES NO
- vi. Guarantees YES NO
- vii. Warranty Disclaimers YES NO

viii. Hold Harmless Agreement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ix. Arbitration Agreement	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Does the client always sign the contract?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Does the firm(s) have standard procedures for the regular review of ongoing contracts internally and with the client?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Does the firm(s) provide advice or services which fall outside of the scope of the contract?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Does the firm always require satisfactory references or only when engaging senior employees? <input type="checkbox"/> Always <input type="checkbox"/> Senior appointments only	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. How frequently are checks carried out on all entries in the cash book with paying-in books, receipts, counterfoils and vouchers, and reconciled with bank statements (including the balance of cash and unpresented cheques), independently of employees receiving or banking monies in respect of monies belonging to the firm as well as in trust on behalf of others? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other (please specify) _____		

F. CLAIMS INFORMATION

1. Has the firm(s) sustained any loss through fraud or dishonesty of any person? If YES, provide details.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Is the firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or principal or employee? If YES, provide details.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. After enquiry, have any Professional Indemnity claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or principals, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not? If YES, provide details.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Date of Claim	Claimant	Details of Claim including any payments made or reserves held
/ /		
/ /		
/ /		
/ /		
/ /		

4. After enquiry, are any of the partners, directors or principals aware of any pending claims and/or circumstances existing which may give rise to a Professional Indemnity claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal? If YES, provide details.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Date of Circumstance	Claimant	Details of Circumstances
/ /		
/ /		
/ /		

G. PREVIOUS INSURANCE

1. Has the firm(s) previously been insured for Professional Indemnity insurance? If YES, provide details.				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Renewal Date	Limit of Liability	Premium	Retention (Excess)	Insurer	
/ /					
/ /					
/ /					
/ /					
/ /					
Retroactive date: / / Number of years cover has been continually in force:					
2. In respect of Professional Indemnity insurance, has any Insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? If YES, provide details.				<input type="checkbox"/> YES	<input type="checkbox"/> NO

H. DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer: _____ Date: _____

(If a Limited Company, give designation of signatory and affix company's rubber stamp)

N.B. Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request. No cover is in force until this Proposal has been accepted by the Company.