

## PROFESSIONAL INDEMNITY PROPOSAL FORM ATTORNEYS

**EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY**

**If insufficient space is provided to answer a question insert 'see attached' and show question number and answer on a separate sheet of paper.**

1) Name and address (es) of the Firm \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Full name of each Partner, when qualified, how long practicing as a Partner in the Firm, and name(s).

Name	When Qualified (mm/dd/yy)	How long practicing as a Partner in the Firm	Previous Firm

3) When was the Firm established? \_\_\_\_\_  
mm/dd/yy

4) a) Has the name of the Firm been changed in the past 10 years? YES  NO   
If "YES", give details \_\_\_\_\_  
\_\_\_\_\_

b) Has any other business been purchased or any merger or consolidation taken place during the past 5 years? YES  NO   
If "YES", give details \_\_\_\_\_  
\_\_\_\_\_

5) Total number of Partners and Staff  
(a) Partners \_\_\_\_\_  
(b) Staff, other than Typists and Office Boys \_\_\_\_\_  
(c) Typists and Office Boys \_\_\_\_\_

6) Total indemnity required (inclusive of any extensions) \$ \_\_\_\_\_

7) Does the Firm require:-

Extensions 1 – Partners’ Previous Business

- a) Incoming Partners YES  NO
- b) Outgoing Partners YES  NO

Extensions 2 – Loss of Documents YES  NO

8) If Extension 1(b) (Outgoing Partners) is required, please give:

a) Full names of the former Partners to whom it is to apply	(b) Dates when they ceased to be Partners in the Firm

9) Has any application for insurance of this nature made on behalf of the Firm(s) or their predecessors in business or any of the present Partners ever:

- a) been declined? YES  NO
- b) had its premium increased? YES  NO
- c) had special conditions imposed? YES  NO
- d) been refused renewal? YES  NO
- e) been cancelled? YES  NO

If so, please give full particulars \_\_\_\_\_  
\_\_\_\_\_

10) To the best of your knowledge and belief have any claims been made or negligence alleged against

- a) the Firm YES  NO
- b) their predecessors in the business YES  NO
- c) any of the present or former Partners? YES  NO

If so, please give full particulars \_\_\_\_\_  
\_\_\_\_\_

11) Are any of the Partners, after enquiry, aware of any circumstance which is likely to give rise to a claim against

- a) the Firm YES  NO
- b) their predecessors in business a YES  NO
- c) any of the present or former Partners? YES  NO

If “YES” to any of the above please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We must remind you that it is imperative to answer this question correctly. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, if subsequently, a claim should arise.

12) Please specify the Gross Fees earned over:-

- a. the past 12 months ending \_\_\_\_\_ \$ \_\_\_\_\_
- b. your best estimate of income for the current 12 months ending \_\_\_\_\_ \$ \_\_\_\_\_

If a proportion of your work is done overseas please specify percentage and countries involved.

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13) Which of the following areas is the Firm fully or partly engaged in?

- Criminal \_\_\_\_\_ %
  - Family / Matrimonial \_\_\_\_\_ %
  - Conveyances \_\_\_\_\_ %
  - Corporate \_\_\_\_\_ %
  - Others \_\_\_\_\_ %
-

**IMPORTANT NOTICE CONCERNING DISCLOSURE**

It is your duty to disclose all material facts to the Company.

A material fact is one that is likely to influence an Underwriter's judgment and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**DECLARATION**

I/We wish to effect insurance with Guardian General Insurance Limited on the terms conditions and exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented mis-stated suppressed or withheld. I/We agree that this declaration proposal and any supplementary information sheet(s) attached hereto shall form the basis of the contract between me/us and Guardian General Insurance Limited and shall be deemed as incorporated in the Policy issued.

Name of Firm: \_\_\_\_\_

\* Signature of Partner or Director: \_\_\_\_\_

If Company, Please Affix Company Stamp

Date: \_\_\_\_\_

mm/dd/yy

\*This Proposal Form and any supplementary information sheet(s) must be signed in ink by a Partner or Director. Signing the Form does not bind the Firm or the Company to complete the Insurance.