

PROFESSIONAL INDEMNITY PROPOSAL FORM

INSURANCE BROKERS

The proposal must be completed and signed by the Insured. This proposal is a quotation request and shall form the basis of the insurance contract between the Insured and the Insurer, on acceptance thereof by both parties. Making any false statements or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, as the case may be. A material fact is any fact that might influence the acceptance of the risk.

1. General

Inception Date		Broker	
Name of Insured			
Name of Insured Practice			
Contact Person		Contact No.	
Postal Address			
Registered Address			
Identity Number		Registration No.	
Telephone Number		Email address	
Fax No.		Website	
Date Established			

PRESENT LEGAL CONSTITUTION (Please mark the box with an (x))

Close Corporation	<input type="checkbox"/>	Limited Co.	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Practitioner	<input type="checkbox"/>	Incorporated Co.	<input type="checkbox"/>
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2. Date of Commencement of Practice

2.1.	As currently constituted		2.2.	As Initially established	
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SPECIALIZED INSURANCE COMPANY LIMITED | Registration Number 50508

+266 2232 0837/ 8 | info@sic.co.ls | www.sic.co.ls

Address | 5th Floor, MGC Park, Corner Pope John Paul II & Mpilo Boulevard, Maseru, Lesotho, 100

Directors | Managing Executive, Mr M Lazaro | Non-Executive, Mrs F Khabo & Mr S Beeton | Chairman, Mr N Letele

3. Disciplines(s) in which engaged

4. Names & Qualifications of Directors

Name	Qualification	Date Qualified	How Long in Practice

4.1.	Number of other employees	
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5. Finance Details

Please state your total fee income / commission (including fees paid to sub contractors and consultants)

Previous year:		Estimated for this year:	
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5.1.	Indemnity Limit required	
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5.2.	Excess	
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5.3.	Retroactive Date	
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5.4.	Reinstatement of Sum Insured	Yes	No	
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5.5.	Dishonesty of Staff	Yes	No	
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5.6.	Libel and Slander	Yes	No	
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5.7.	Loss of Documents	Yes	No	
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6. Claims History

6.1.	Has the company had any claims in the past five years?	Yes	No	
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If yes, please give details

6.2.	Has the company ever been declined Professional Indemnity / Fidelity Guarantee Insurance?	Yes	No	
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If yes, please specify

6.3.	Is any partner or director of principal aware, after inquiry, of any circumstances, which may result in any claim, being made against the firm, their predecessors in business or any of the present or past partners or directors of principal?	Yes	No	
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If yes, please specify

6.4.	Are you at present or have you in the past been insured?	Yes	No	
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If yes, please specify

6.5.	Is Indemnity to apply to any Principal who has left / retired / died?	Yes	No	
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If yes, please specify

Name	Qualification	Date Qualified	How Long in Practice

PROFESSIONAL INDEMNITY PROPOSAL FORM | INSURANCE BROKERS | Part 2

1. Staff Compliment

1.1.	Total Number of Partners/Principals/Directors	
1.2.	Total Number of Qualified Staff	
1.3.	Total Number of Draughtsman	
1.4.	Total Number of Trainee Staff	

2. Business Activities

2.1a)	Financial Year End, Please advise for the past 3 years?		
	Year Ended	Total Written Premium	Total Revenue (Commission & Fees)

b)	Please give the estimated fees for the coming 12 months	
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c)	Do you expect any major changes to the above in the forthcoming year?	Yes		No	
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If "yes" please specify

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2.2.	Approximate percentage of estimated gross income accruing from various activities:		
i)	Life and Pensions		(%)
ii)	Mortgage Broking in conjunction with Life		(%)
iii)	Mortgage Broking not in conjunction with Life and Pension Broking		(%)
iv)	Fire / Motor / Accident Business		(%)
v)	Marine Hull Business		(%)
vi)	Aviation Hull / Liability Business		(%)
vii)	Foreign Business		(%)
viii)	Other activities		(%)

If you are involved in (iii), (v), (vii) or (viii) please give full details of such work on a separate sheet or in the area of this proposal reserved for additional information.

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2.3.	Business Association's: details of all joint broking appointments held by Proposer:
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Client	Type of Portfolio	Joint Broker	Appointment of Work / Fees

3. FSP Number

FSP Number:	
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4. Acceptance / Claims Authority

Do you have any Binding Underwriting and / or Claims Settlement Authorities, otherwise than in terms of Standard Agency Contracts? If "Yes", please complete the necessary Supplementary Questionnaire.	Yes		No	
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5. Association Membership

Are you a member of any of the following Professional Associations?

5.1.	SAIBA	Yes		No	
5.2.	LPA	Yes		No	
5.3.	LUASA	Yes		No	
5.4.	FIA	Yes		No	
5.5.	SAUMA	Yes		No	

6. Extensions

Do you require any of the following extensions?

6.1.	Dishonesty of Staff other than Principals / Directors	Yes		No	
6.2.	Pension Trustees	Yes		No	
6.3.	Mortgage Broking in connection with Life Assurance	Yes		No	
6.4.	Mortgage Broking	Yes		No	
6.5.	Additional Insurance	Yes		No	

(Persons not employed directly by the insured who are remunerated on a commission only basis and who are to be indemnified in respect of their activities as if they were members of the Insured's staff.) Please name them together with their experience and qualifications.

Name	Qualification	Years Experience in Insurance Industry

DECLARATION

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete. I/We confirm that we have not misled or misinformed underwriters of any material facts, and agree that this proposal form shall be the basis of the insurance contract.

Name		Date	
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Title/Position	
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Insured Signature	
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