
PROFESSIONAL INDEMNITY PROPOSAL FORM

INSURANCE BROKERS AND INSURANCE AGENTS

PLEASE NOTE

- a) An answer **MUST** be given to all questions.
 - b) If insufficient space is provided to answer a question insert 'see attached' and show question number and show question number and answer on a separate sheet of paper.
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THIS IS AN APPLICATION FOR A POLICY WRITTEN ON THE 'CLAIMS MADE' BASIS AS SET OUT IN CONDITION 4 OF FORM I.B. (OVERSEAS).

1 Names and address(es) of the Companies or Partnerships (hereinafter referred to as the "Firm")

2 Names and address(es) of all

- a) Parent Companies
- b) Subsidiary Companies, and/or
- c) Branch Offices

3 When was the Firm established?

- 4
- a) Has the name of the Firm been changed during the last six years?
If YES, give details.

 - b) Have any amalgamations or acquisitions taken place, during the last six years?
If YES, give details.
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5 Give details of names, qualifications (if any), experience and ages of all partners or directors.

6 Please state number in each of the Firms and Offices stated in answers to Questions 1 and 2 of

Agents for **ARABIA** Insurance Company s.a.l

- a) Partners or Directors
- b) Total staff, other than typists and messengers
- c) Typist and messenger

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- 7 Does the Firm act as
- a) an insurance Broker
 - b) an agent of insurance Companies

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- 8 Is the Firm engaged in any activities other than those stated in Question 7?
If YES, give details.

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- 9 Does the Firm place business with Lloyd's Underwriters
- a) directly through any Firm of Lloyd's Brokers in London?
 - b) indirectly through the intermediary of another Agent or Broker?

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- 10 Has the Firm authority to accept/bind risks on behalf of

- a) Lloyd's Underwriters?
- b) any Company?

If the answers to a) and b) YES complete supplementary forming part of this Proposal Form.

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- 11 During the Firm's last financial year what has
- a) The total Premium Income?
 - b) The total Gross Commission?

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- 12 Indicate categories of business handled and the percentage of each relative to the Firm's total premium income.

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Direct Business and Facultative Reinsurance:

a) Non-Marine	%
b) Marine	%
c) Motor	%
d) Aviation	%
e) Life and Pensions	%
f) Mortgage Broking	%
g) Others (please specify)	%

Treaty Reinsurance:

Non-Marine	%
Marine	%
Motor	%
Aviation	%
Life and Pensions	%
Mortgage Broking	%
others (please specify)	%

13 What percentage of the Firm's total premium income was derived from

- | | |
|---------------------|---|
| a) its own country? | % |
| b) Elsewhere? | % |
- (if more than 10% of premium income please specify each country)?

14 Does the Firm own, rent or utilize computers?

If YES, give brief details.

15 Give full details of all similar insurance effected during the past six years

Insurer	Amount of Policy	Amount borne by the Firm	Period
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16 Has any application for similar insurance made on behalf of the Firm or any of their present Partners or Directors, or on behalf of their predecessors in business, ever been

- | |
|-------------------------------|
| a) Declined |
| b) Cancelled |
| c) Refused to renewal, or |
| d) Had special terms imposed? |

If any answer YES, give details.

17 Have any claims been made against

- | |
|--------------|
| a) the Firm, |
|--------------|

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- b) their predecessors in business, or
- c) any of the present or past Partners
or Directors of the Firm or their predecessors in business?

If any answer is YES, give details.

18 Is any Partner or Director aware, after inquiry, of any circumstances that may result in any claim being made against?

- a) the Firm,
- b) their predecessors in business, or
- c) any of the present or past Partners
or Directors of the Firm or their predecessors in business?

If any answer is YES, give details.

19 If available, does the Firm require a Mortgage Broking extension?
If YES, give total annual commission.

20 State

- a) amount of Indemnity required, in the aggregate
- b) amount of self-insurance to be
borne by the Firm, each claim.

I/WE HEREBY DECLARE that the above statements and particulars are true and that I/WE have not suppressed or mis-stated any material facts and I/WE agree that this Proposal Form and any supplementary information sheet(s) attached hereto shall be the basis of the contract with the Underwriters.

Name of the Firm

Signature of Partner or Director

Date

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 Underwriters to complete the Insurance.

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Supplementary Questionnaire RE. ALL AUTHORITIES, EACH AUTHORITY TO BE ITEMIZED SEPARATELY

Name of Firm Holding Authority	Class of Business	Type of Authority	Name/s of Insurers Subscribing	Max.sum. Assured any one risk	Are rates, terms, and conditions set by insurers prior to acceptance	Annual Premium Income	Annual commission fees	Names of persons responsible, position in Firm and experience in the class of business	Method of operation

ANY CHANGES IN THE METHOD OF OPERATION OF LISTED AUTHORITIES OR ANY NEW AUTHORITIES COMMENCED DURING THE CURRENCY OF THIS POLICY TO BE ADVISED WITHIN 30 DAYS OF ATTACHMENT.

* Method of operation: Mark 'A' – if available for Firm's business only; Mark 'B' – if accepts business from other brokers; Mark 'C' other – please specify.