

PROFESSIONAL INDEMNITY INSURANCE - RETAIL - PROPOSAL FORM
**Applicable to Chartered Accountants/ Financial Accountants/ Management Consultants/
Lawyers/ Advocates/ Solicitors/ Counsels**

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium received.

Please answer questions in full. If there is not enough space in the proposal form, please provide detailed information in the appendix to the proposal form signed equally by the persons signing the proposal form.

All written statements and materials furnished to the Insurer which this Proposal is submitted. In conjunction with this Proposal are hereby incorporated by reference into this proposal and made a part hereof.

The policy provides that the limit of liability available to pay judgements or settlements shall be reduced by amounts incurred for legal defense. Further note that amounts incurred for legal defense shall be applied against the deductible amount.

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

Other Information Please enclose following Documents with proposal form:

- Latest audited annual report
- Expiring Policy Copy (If renewal)
- KYC Documents

Proposer's Details (To be filled in BLOCK LETTERS)

i. Name of the Proposer	☐ Mr. ☐ Ms. ☐ Mrs. F I R S T M I D D L E L A S T		
ii. Address of Proposer			
Flat/Building			
Road/Street/Sector			
Area			
Taluka/Village/District/ City	Pincode		
State	Country		
Phone	Mobile		
Email	Fax		
iii. Date of Establishment			
iv. Proposer is (Corporation/ Partnership/Individual/ Other)			
v. To what professional association(s) does the Proposer Firm belong?			

KYC Information

i. PAN No.:	ii. UID Aadhaar No.
iii. Do you have a GST Registration Number	☐ Yes ☐ No

If Yes, please specify	
iv. Source of Funds	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others
v. Monthly Income	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above

Proposer's Bank Details

i. Name of the Bank Account Holder ☐ Mr. ☐ Mrs. ☐ Ms.	FIRST	MIDDLE	LAST
ii. Bank Account No.	iii. Account:	☐ Saving ☐ Current	
iv. Name of the Bank			
v. Branch			
vi. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)			
vii. IFSC Code (11 character code appearing on your cheque leaf)			
I wish: ☐ Any refund due on the premium payment / any payment / claims will be directly credited to my aforesaid Bank Account.*			
*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.			

Insurance Information

i. Is similar insurance currently in force?	☐ Yes ☐ No
If yes, Please provide:	
Name of Insurer	
Expiration Date	Expiring Limits
Limits desired on Renewal:	Deductible
Premium	Retro Active Date
ii. Has any similar insurance ever been declined or cancelled?	☐ Yes ☐ No
If "Yes" Please explain why?	
iii. Limit of Liability Desired	

Services to be Covered

i. Please describe in detail the professional activities for which coverage is desired: (Please attach brochure, information booklet, etc., if any & specimen copy of contracts entered into)	
ii. Is the proposer engaged in any business or profession other than as described in Item 5(i)?	
If yes, please attach an explanation and estimated receipts.	


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Employee Details

i. a) Names in full of all

	Qualifications in full	Date qualified	How long in this practice
Partners			
Directors			
Principals			

 b) Is coverage required in respect of past work for any Partner/Principal who has left, retired or died? ☐ Yes ☐ No
 If 'YES' please give the following

	Full Name	Qualifications	How long was in this practice
Partners			
Directors			
Principals			

ii. State:

a) No. of qualified accountants/lawyers

No. of professionals

No. of administrative personnel including clerks, typists, office boys, etc.

No. of apprentice

b) Total amount of annual wages payable

iii. Do you engage persons outside your organisation?

If yes, specify the details of purpose and nature of control exercised by you over them (if available specimen contract be enclosed).

Annual Fees/Gross Receipts Details

i. Annual fees earned during the last five years

No.	Year	Fee
1.		
2.		
3.		
4.		
5.		


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Claim Details

i. Loss record for 5 years:

Year	Cause	Kind of Loss	Amount of Loss (₹)

ii. Have you during the past 12 months dismissed or do you contemplate dismissal of any member of staff on account of any omission, neglect, error or for like (please give full details)

iii. Are you aware of any neglect, omission or error or existence of any circumstances likely to give rise to a claim?

Declaration

I/We hereby declare that the above statement and particulars are true and I/We have not suppressed or misstated any material facts and that at the present I/We hereby declare that the above statement and particulars are true and I/We have not suppressed or misstated any material facts and that at the present time I/We have no reason to anticipate any claim being brought against me/our for any negligent act, error or omission on my/our part and against the company and agree that this declaration shall be the basis of the contract between me/us and the Insurer. I/We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I/We also agree that the indemnity under the insurance shall not be availed for claims arising out of acts of negligence, error or omission or misconduct committed PRIOR to commencement of this insurance. I/We further undertake to inform the insurer of any material alteration to any information, statements, representations or facts re-presented in this proposal form occurring after the date this proposal form is signed and before the inception date of the proposed policy. A material fact is one which would influence the acceptance or assessment of the risk. All written statements and materials furnished to the Company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002. The Company has right to cancel the insurance contract in case I/We have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the Prevention of Money Laundering in India.

I/We understand that the Company has the right to call for any further documents to establish the sources of funds.

I further agree and undertake not to receive from IndusInd General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Laws (Amendment) Act, 2015

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

Place: _____ Date: _____ Signature of Proposer _____

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

- No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
- Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.



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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. Professional Indemnity Insurance - Retail. UIN No. IRDAN103RP0023V01200102. IGI/MCOM/CO/LIAB-14-R/PF/Ver. 1.0/050326.



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