

## PROPOSAL FORM

IF A POLICY IS ISSUED, IT WILL BE ON A CLAIMS – MADE BASIS

NOTICE: 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.

### Proposer Details

1. Name of proposer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
2. Limit of liability desired: \_\_\_\_\_
3. Deductible: \_\_\_\_\_
4. Please describe in detail the professional activities for which coverage is desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is the proposer engaged in any business or profession other than as described in Item 4? \_\_\_\_\_  
If yes, please attach an explanation and estimated receipts.
6. List the total gross receipts for the past three years derived from those activities in Question 4. In addition, please list projected receipts for the current year.

	YEAR	AMOUNT
a)	Current Projected	Rs.
b)		Rs.
c)		Rs.
d)		Rs.

7. For the receipts listed in Question 6a), please give the approximate percentage derived from each of the activities listed in Question 4.

ACTIVITY	% of 6a) RECEIPTS
	%
	%
	%

8. Proposer is: ☐ Corporation ☐ Partnership ☐ Individual
9. Year Established: \_\_\_\_\_
10. Is the Proposer Firm controlled, owned or associated with any other firm, corporation or company? Yes ☐ No ☐  
If yes, attach an explanation  
Are any activities listed in Question 4 provided to such business enterprise? Yes ☐ No ☐
11. a) Number of principals, partners, officers and professional employees directly engaged in providing services to clients: \_\_\_\_\_  
b) Number of non-professional employees (clerks, secretaries, etc.) \_\_\_\_\_

# SPECIALISED PROFESSIONAL LIABILITY POLICY

## UIN: IRDAN108CP0057V01201819



WITH YOU ALWAYS

12. Please provide the following:

Name in full of ALL Partners/Principals/ Key Employees	Professional Qualifications	Date Qualified	How long in practice	How long as Partner/ Principal

13. To what professional association(s) does the Proposer Firm belong? \_\_\_\_\_

14. Please include a list of Proposer Firm's five (5) largest jobs or projects during the past three (3) years. Please give, in detail: 1) project/client name; 2) the nature of the services performed for the client; and 3) the revenues obtained from those services.

---



---



---



---

15. Does the Proposer Firm use a written contract with clients? ☐ In call cases ☐ Sometimes ☐ Never  
Please attach a copy of your standard contract.

16. What percentage of the Proposer Firm's business involves subcontracting of work to others \_\_\_\_\_% does the Proposer Firm provide professional services to business entities in which it retains an ownership interest Yes ☐ No ☐

If yes, please explain. \_\_\_\_\_

---



---



---

17. Has any similar insurance ever been declined or cancelled? Yes ☐ No ☐  
(If yes, attach explanation)

18. Is similar insurance currently in force? Yes ☐ No ☐

If yes, please provide:

Name of Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_ Premium: \_\_\_\_\_

Length of time coverage has been in force: \_\_\_\_\_

19. Attach current annual report and descriptive or promotional materials

20. Have any of the individuals listed in Question No.12 ever been the subject of disciplinary action by authorities as a result of their professional activities? If yes, please explain.

---



---



---

21. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him. Yes ☐ No ☐

(If yes, attach full particulars)

# SPECIALISED PROFESSIONAL LIABILITY POLICY

## UIN: IRDAN108CP0057V01201819



WITH YOU ALWAYS

22. Attach list and status of all errors and omissions claims made against any proposed Insured(s) during the past three years.

If none, please check here: ☐ NONE

It is agreed with respect to Question #20, 21 and 22 above, that if such knowledge or information exists any claim or action arising therefrom is excluded from this proposed coverage.

### Additional Information

**Nationality:** ☐ Indian ☐ Non-Indian ☐ If Non-Indian, please specify Country: \_\_\_\_\_

### Type of Organization

☐ Corporations ☐ Governments ☐ Non Governmental Organizations ☐ Society ☐ International Organization  
☐ Trust ☐ Partnership ☐ Cooperatives ☐ Section 25 Company

**PAN card number (10 character number):** \_\_\_\_\_

Sources of funds: Please tick appropriate box ☐ Salary ☐ Business ☐ Others (please specify) \_\_\_\_\_

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY WHICH THIS PROPOSAL IS SUBMITTED (HEREIN CALLED THE COMPANY) IN CONJUNCTION WITH THIS PROPOSAL ARE HEREBY INCORPORATED BY REFERENCE INTO THIS PROPOSAL AND MADE A PART HEREOF.

PRODUCER \_\_\_\_\_ PROPOSER'S SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

### Section 41 of Insurance Act 1938 (Prohibition of rebates)

1. 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 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 prospectus or tables of the insurer."
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

### Section 64 VB of the Insurance Act 1938

Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

### AML declaration

1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
2. I / we are not Politically Exposed Persons \* nor are their close relatives / family members / associates . I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons.

"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time."

### Contact details of TAGIC and TAGIC CIN

#### Tata AIG General Insurance Company Limited

Registered Office: Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400 013, Maharashtra, India.

24x7 Toll Free No: 1800 266 7780 | Visit us at [www.tataaig.com](http://www.tataaig.com) | IRDA of India Registration No: 108 | CIN:U85110MH2000PLC128425



# SPECIALISED PROFESSIONAL LIABILITY POLICY

## UIN: IRDAN108CP0057V01201819



WITH YOU ALWAYS

IRDA Approved Product Name & Product UIN no. IRDAN108CP0057V01201819

IF A POLICY IS ISSUED THE PROPOSAL IS ATTACHED TO AND MADE A PART OF THE POLICY SO IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED IN DETAIL.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW WHERE INDICATED. IF A POLICY IS ISSUED, THIS SIGNED STATEMENT WILL BE ATTACHED TO THE POLICY.

The Insured hereby acknowledges that he/she/it is aware that the limit of liability contained in this Policy shall be reduced, and may be completely exhausted, by the costs of legal defense and, in such event, the insurer shall not be liable for the costs of legal defense or for the amount of any judgement or settlement to the extent that such exceeds the limit of liability of this Policy.

The Insured hereby further acknowledges that he/she/it is aware that legal defense costs that are incurred shall be applied against the deductible amount.

INSURED: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

THIS PROPOSAL DOES NOT BIND THE PROPOSER TO BUY OR THE COMPANY TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD THE POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND MADE A PART OF THE POLICY. THE UNDERSIGNED PROPOSER DECLARES THAT THE STATEMENTS SET FORTH IN THIS PROPOSAL ARE TRUE, THE PROPOSER FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS PROPOSAL CHANGES BETWEEN THE DATE OF THIS PROPOSAL AND THE TIME WHEN THE POLICY IS ISSUED, THE PROPOSER WILL IMMEDIATELY NOTIFY THE COMPANY OF SUCH CHANGES AND THE COMPANY MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OF AGREEMENT TO BIND THE INSURANCE.

Specialised Professional Liability Policy UIN: IRDAN108CP0057V01201819