Application for Single Project Professional Indemnity Policy

Proposal Form

Applicant Instructions:

a. Please type or print in ink.
b. Answer all questions; leave no blank spaces.
c. If space provided is not sufficient to answer all questions fully, attach separate sheet and label appropriately.
d. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship, a Partner, if Applicant is a Partnership, or Authorised Officer if Applicant is a Corporation.

NOTE: The insurance for which you are applying is written on a CLAIMS MADE POLICY. Only claims which are first made against you and reported to the Company during the policy period are covered subject to policy provisions. "Claim" means any demand for money or services, including but not limited to the service of suit or the institution of arbitration proceedings against you.

1. Name of Applicant *(Usually Prime Professional)*			
2. Address			
Landmark		Area	
City/Town		PIN Code	
District		State	
Phone		Email id	
3. Indicate applicant's Professional Liability Insurance currently in force			
Company		Term	
Limit		Deductible	

Project Information:

4. Name and/or designation of project	
5. Location of project:	
6. Description of project	
7. Name and address of prime design professional on project (if same as applicant, please indicate):	

8. Name and address of project owner	
9. Contractor/general contractor	
10. Name and address of applicant's client (for whom professional services are being rendered)	
11. Has the applicant worked with the client in the past?	☐ Yes ☐ No
If yes, please provide details by attachment	
12. What prior experience does the applicant have with similar projects?	

Gross Receipts:

13. Total estimated project construction value	
14. Total estimated professional fees to be paid to Design Team	

15. Give estimated beginning and completion dates for all design and construction phases, including gross receipts for each phase.

	Beginning Dates	Completion Dates	Gross Receipts
Schematic Design Phase			
Design Development Phase			
Construction Document Phase			
Bidding/Negotiation Phase			
Construction Administration Phase			

Design Team Information:

16. Indicate specific architectural/engineering discipline to be rendered (i.e., Civil, Structural, HVAC, etc) Note. Sum of Percent Total Professional Fees should equal 100% of fees shown in Question 14 above

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Name and Address	Discipline	Percentage of Total Professional Fees	Firm's Current Professional Liability Coverage
(A)			Co.:
Prime Professional			Limit:
			Ded.:
Check if hired by applicant			
(B)			Co.:
			Limit:
			Ded.:
Check if hired by applicant			
(C)			Co.:
			Limit:
			Ded.:
Check if hired by applicant			
(D)			Co.:
			Limit:
			Ded.:
Check if hired by applicant			
(E)			Co.:
			Limit:
			Ded.:
Check if hired by applicant			
(F)			Co.:
			Limit:
			Ded.:
Check if hired by applicant			
Please list additional consultants by attachment			

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For all "yes" answers to any of the following, please provide complete details by attachment.

17. Does the applicant or any member of the Design Team (including partners, officers, employees, parent or subsidiary firms):

a. Have any equity interest in the project?	☐ Yes ☐ No
b. Plan to act as a general contractor on the project?	☐ Yes ☐ No
c. Plan to engage in any actual construction on the project?	☐ Yes ☐ No
d. Plan to manufacture, fabricate or supply any materials to be used on the project?	☐ Yes ☐ No
e. Plan to participate in a joint venture for any activity on the project?	☐ Yes ☐ No
f. Plan to hire a geotechnical consultant?	☐ Yes ☐ No
g. Plan to arrange or procure financing for the project?	☐ Yes ☐ No

18. Does the project owner plan to act as his own contractor on the project?	☐ Yes ☐ No
19. Will the applicant's client act as a contractor on the project?	☐ Yes ☐ No

20. Indicate the percentage of total gross receipts to be derived from the following activities. Please provide complete description of services performed by attachment

Geotechnical studies	%
Site specific product design	%
Material testing/non-destructive testing	%
Environmental engineering services	%
Construction management (if different from normal Construction administrative services)	%

21. Has the applicant any knowledge of prior acts, errors or omissions which could reasonably be anticipated to bethe basis for a claim against any member of the Design Team on this project?	☐ Yes ☐ No
If yes, please provide details by attachment	

Additional Information:

22. Please attach a copy of the following:

a) Owner/Prime Professional Agreement

b) Scope of services provided by the Design Team

c) Site plan or diagram of the proposed project

d) Claim history for each Design Team member

23. The applicant would like a quotation based upon the following Professional Liability limit and deductible:

Limit	Deductible

Note: If the deductible exceeds ₹2,50,000 please enclose a copy of the applicant's balance sheet and income statement for the most recent fiscal year.

Payment Details:

Mode of payment	
Payment Details	
Amount (In ₹):	

Bank Account No.			
Branch Name & Address			
Bank IFSC Code		MICR Code	
Bank details for premium refund in case of cancellation and for payment of claims, ☐ Yes ☐ No			
If NO, please provide additional bank details in below provided space:			
Bank Account No.			
Branch Name & Address			
Bank IFSC Code		MICR Code	

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Additional Details:			
Nationality	☐ Indian	☐ Non-Indian	☐ If Non-Indian, please specify Country:

Type of Organisation

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

PAN card number (10 character number)	
Sources of funds:	☐ Salary ☐ Business ☐ Others (please specify) _____

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

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 Prospectuses 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 person(s).
**"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.

Vernacular Declaration (Certification in case the proposer has signed in vernacular/thumb print)

The content of this form along with product benefits, terms/conditions and exclusions have been explained by me in vernacular to the proposer who has understood and confirmed the same.

Signature/Thumb impression of the proposer: _____

Name & Signature of Agent/Intermediary with Code: _____

Agent Declaration:

I,_____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorised employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information /response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished, the Company shall have the right to vary the benefits which may be payable and further more if there has been a non-disclosure of any material fact, the Policy issued to his/her favor pursuant to this Proposal may be treated by the Company as null and void and all premiums paid under the Policy may be forfeited to the company.

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License No. (Intermediary/Corporate Agent/Broker/Relationship Officer): _____

Name of the Specified Person and Code: _____

Place: _____ **Date:** _____ **Signature of Agent:** _____

Declaration:

I declare on behalf of all insureds, after inquiry, that the statements and particulars in this supplemental proposal are true and no material facts have been misstated or suppressed. I agree that this proposal forms, any attachment, any information submitted therewith and any and all other information supplied or requested, shall form the basis of any Contract of Insurance effected thereon. I further undertake to inform Insurers of any material alteration to any information, statements, representations or facts 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 insurer in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

I/We authorize the company to share information/data/details provided by me/us to any other person in connection with the proposal for the sole purpose of underwriting, Policy servicing and/or claims servicing & settlement.

In case there is a change in any of the information already provided in the proposal form like mobile number, email IDs, address, bank account details, during the term of the policy, policyholder should update such information with the insurer, to enable the insurer to provide efficient policy servicing.

Signed: _____

Title: _____

(Authorized signatory of the Insured)

Company: _____ **Date:** _____

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This supplement is to be completed if the firm answered yes to Question 21. If space is insufficient to answer any question fully, please provide further details by attachment. Do not attach copies of Summons & Complaint. Please leave no blanks.

USE A SEPARATE SUPPLEMENT FOR EACH CLAIM/INCIDENT.

Name of Firm	
1. Full name of individual(s) and name of firm involved in the claim/incident	
2. Additional Defendants	
3. Full name of claimant/plaintiff	
4. Date of alleged error	
5. Description of project and scope of services provided	
6. Allegations and/or nature of claim/incident	
7. Date reported to insurance company	
8. To what insurance company was the claim reported	
9. Present status of claim/incident	☐ Open ☐ In Suit ☐ Closed

10. If pending, please indicate:

Total damages claimed: _____

Settlement demand: _____

Settlement offer: _____

Total amount paid in defense costs to date: _____

Total damages paid/outstanding _____

11. If open, current valuation (including your deductible)

Damages _____ Expenses _____

12. If closed, total paid (including your deductible):

Damages _____ Expenses _____

13. Please explain what action has been taken to prevent a recurrence of similar claim/incident

The undersigned declares that the information provided herein is accurately presented and it is understood that this Supplement, in conjunction with the original Application accepted by us, shall form the basis of the contract should the Underwriter approve coverage.

Must be signed by Owner, Partner or Officer

Authorised Signature of Applicant

Title _____ **Date:** _____