Professional Indemnity Insurance

Proposal form

Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of prosper to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

Name of the Proposer: _____

Address: _____ Postal Code: _____

ID/Passport No: _____ Company registration No: _____

Telephone: _____ Fax: _____ Email: _____

Nature of Business: _____

Name of the Mortgagee: _____
(if assigned to other interested parties)

Contact Name: _____

Position: _____

Mobile No: _____

Email: _____

Cover required:

Type of Insurance required: _____

Value to be insured:

The amount of indemnity required?
_____in the aggregate

The amount of self – insurance to be borne by the Firm:
_____each claim

Period of Insurance: From: _____ To: _____

General Information:

Nature of Business:

Names and address/es of all Subsidiary Companies and/or Branch Offices:

When was the Firm established?

Had the name of the Firm been changed during the last six years? ☐Yes ☐No
If YES, please give details.

Have you any amalgamations or acquisitions taken place during the last Six Years?
If YES, please give details: ☐Yes ☐No

Please give details of Names, Qualifications (if any), Experience and Ages of All Partners or Directors :

Please State number of;

Partners or Directors:
Total Staff other than Typists and Messengers:
Typists and Messengers:

Is the Firm engaged in any activities other than Nature of Business missioned?
If YES, provide details: ☐Yes ☐No

Has the Firm authority to accept/bind risk on behalf of any Company? ☐Yes ☐No

During the Firm's last financial year what was;
the Total Income?
the Total Gross Income?

Please indicate the categories of business which the Firm handles and the percentage of each relative to the Firm's total premium income :-

(a) _____ _____ %
(b) _____ _____ %
(c) _____ _____ %
(d) _____ _____ %
(e) _____ _____ %
(f) _____ _____ %

Does the Firm own, rent or utilize Computers? ☐Yes ☐No
If YES, please give brief details.

_____

_____

_____

Expiry date of existing cover: (If any) _____

Name of the Previous Insurer: (If any) _____

Have you ever had a loss before? ☐Yes ☐No
If YES, please give particulars:

_____

_____

Is any Partner or Principal aware, after enquiry of any circumstances which the result in any claim being made against : -

a) the firm ? ☐Yes ☐No
b) their predecessors in business ? ☐Yes ☐No
c) any of the present or past Partners or Directors or the Firm of their predecessors in business ? ☐Yes ☐No

_____

_____

Is there any Insurance on the same property in force with this or other Insurance?
If YES, state the amounts and the names of the Companies: ☐Yes ☐No

_____

_____

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company? ☐Yes ☐No

Please enclose with this Proposal a recent resume, company profile, licence, certification copies any additional information to the vessel and operation which you feel may be useful to the Company in assessing the risk

Politically Exposed Person (PEP) Declaration

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details: _____

Declaration

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: _____

Date: _____ Signature of proposer Company Stamp:

Office use only

Intermediary Premium / Rate: Special Condition: Broker / Agent / Sales Code: