

MAXIMA PROFESSIONAL LIABILITY INSURANCE – NON-TECHNOLOGY

ZK - 24-25/v2

Proposal Form

MPLI-NT

This is a proposal of insurance for a Claims Made policy and the Insurer does not assume any Duty to Defend. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts or additional information in your possession relevant to the risk in response to the questions in the proposal form. If you think any fact is material, please disclose the same.

Your failure to comply with this obligation now may result in the rejection of your claim and the avoidance of your policy when a claim is made. The Policy could also become voidable at the option of the Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information having been withheld by the proposer or anyone acting on his behalf.

The information given in this proposal for insurance will be the basis of any subsequent insurance policy that we issue to you. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent.

Liability of the Insurer does not commence until the proposal has been accepted and the premium has been received in accordance with the provisions of section 64VB of the insurance act, 1938. The Insurer is under no obligation to accept this proposal. Receipt of this Proposal by the Insurer does not tantamount to the acceptance of the Proposal by the Insurer and does not result in a concluded contract of insurance.

FOR OFFICE USE ONLY

Quote No.*	Quote Date*
Branch Code	Sales Manager Code
Intermediary Code	Intermediary Service RM
Intermediary Branch code	Intermediary business vertical
Intermediary Client Ref No	SP Name/ Code

Instructions for filling up the Proposal Form

1. Answer all questions to the best of your knowledge and in a manner that is legible.
2. If there is insufficient space on the Proposal Form or if you want to provide any additional material information, please provide details on separate sheet.
3. Some sections of the proposal form may not be applicable to you, please mark Not Applicable (N/A) in such cases.
4. The proposed Insured will be referred to as "You" or "Your" in this proposal form

I. APPLICANT DETAILS

1	Name of Insured:	
	Insured Permanent Address*	
	If Correspondence Address different from Permanent Address, please provide*	
	Web Site Address:	
	Establishment Date:	
	Contact No*	
	Email Id	
For Individual customers, please share below details:		
	Nationality*: Indian <input type="checkbox"/> Non-Indian <input type="checkbox"/> NRI <input type="checkbox"/>	
	Annual Income:	
	Up to 2.5 lacs <input type="checkbox"/> 2.5 - 6 lacs <input type="checkbox"/> 6 - 10 lacs <input type="checkbox"/> 10 - 15 lacs <input type="checkbox"/> 15 - 20 lacs <input type="checkbox"/> 20 - 25 lacs <input type="checkbox"/> >25 lacs <input type="checkbox"/>	
	GSTIN: <input type="text"/> PAN*: <input type="text"/> /Form 60 (only in case the customer does not have PAN No.)	
	CKYC Identifier / Number Generated by CERSAI) <input type="text"/>	
Please share the following for authentication purpose:		
	Proof of Identity (POI) and Proof of Address (POA) [(<input checked="" type="checkbox"/>) Tick whichever is applicable]	
	PAN <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID <input type="checkbox"/> Ration Card <input type="checkbox"/> Others (Please specify) _____	
For Corporate customers / Firms, please share below details:		
	CKYC Identifier / Number Generated by CERSAI) <input type="text"/>	
	PAN*: <input type="text"/> GSTIN: <input type="text"/>	
Please share the below details for the Authorised Signatory:		
	Name:	Designation:
	CKYC Identifier / Number Generated by CERSAI) <input type="text"/>	

10	Please provide details of the 5 largest contracts you have carried out in the past five years:		
a	Client Name	Services Provided	Annual Revenue
b	What is the % of Repeat Customers /Clients		
	Has there been any delay in execution of Contracts in the last 3 years		<input type="checkbox"/> Yes / <input type="checkbox"/> No
c	If Yes, Kindly share details		
d	Has there been any mid term cancellation of Contracts by Customer in the last 3 years ?		
	If Yes, Kindly share details		
11	Does the Insured have written contracts or agreements with each client?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
12	Does the Insured have Inhouse Legal Counsel?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If No, Is it outsourced ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
13	Subcontracting Work		
	(a) Please state the amount of Insured's involvement in subcontracting work to others?		%
	(b) If subcontracting work exists, please describe the services undertaken and provide a specimen of the contract terms applicable to this work.		
	(c) Are subcontractors required to carry their own Professional Liability insurance?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
14	Other information		
	(a) Does the Insured use Latest Technology or Methodology of day to day operations?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(b) Does the Insured participate in workshop organised by any third party in reference to their Professional Services ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(c) Does the Insured have any additional Certification related to Professional Services ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If Yes, Kindly share details		
	(d) Does the Insured employ any Monitoring system ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If Yes, Is it Digital ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(e) Does the Insured have a Written Audit Process ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(f) Does the Insured have Separate Grievance Team ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(g) Does the Insured have Written / Defined Escalation Matrix in place?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(h) Does the insured have written / defined standard procedures for regular reviews of ongoing contracts internally and with Clients ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(i) Does the Insured have written / Defined Social Media posting policies?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(j) Does the Insured review all contracts , including changes to standard contracts/letters of engagement via Legal Team?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(k) Does the Insured have written / defined Quality Assurance Systems ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(l) Does the Insured have defined / written process for Training of all Staff ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(m) Does the Insured have written / defined process for Approval of Advertising materials, Warranties, Guarantees, and Sales representation agreements by Legal Team ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(n) Does the Insured have written / defined Record keeping Policy ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(o) Does the Insured have written / defined human resource practices Manual ?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
III. FRAUD & DISHONESTY COVERAGE			
15	Fraud/ Dishonesty		
(a)	Has the Insured(s) sustained any loss or claim through the fraud or dishonesty of any person?		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If "yes", please specify		

(b)	Is the Insured(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner/director/principal or employee? If "yes", please give details and state precautions taken to prevent a reoccurrence.				<input type="checkbox"/> Yes / <input type="checkbox"/> No
(c)	Does the Insured(s) always require satisfactory references or only when engaging senior employees?		Always		Senior Appointments Only
(d)	Is any employee allowed to sign cheques on his/her signature alone for values exceeding INR 50,000? If "yes", please give details on a separate sheet.				<input type="checkbox"/> Yes / <input type="checkbox"/> No
(e)	How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, in respect of monies belonging to the Insured as well as in trust on behalf of others?				Weekly Monthly Quarterly Other (please specify)
(f)	Are client funds kept in a properly designated client account which is separate from the bank account of the Insured?				<input type="checkbox"/> Yes / <input type="checkbox"/> No

IV. INSURANCE & LOSS HISTORY

16	Is any partner/director/principal or the Insured after inquiry aware of any claims ever been made against the Insured(s) or their predecessors in business or any of the present or former partners/ directors/principals?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
17	Is any partner/director/principal or the Insured after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Insured or their predecessors in business or any of the present or former partners/directors/principals?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
18	(n) Does Insured have written / defined Record keeping policy for all current or pending court decision, laws and regulations and other Legal matter	<input type="checkbox"/> Yes / <input type="checkbox"/> No
19	Has the Insured's License suspended by Regulatory body in the last 3 years ? If No, has the Insured received any Warning for Cessation of Professional License in the last 3 years by regulatory body	<input type="checkbox"/> Yes / <input type="checkbox"/> No <input type="checkbox"/> Yes / <input type="checkbox"/> No

If you have answered "YES" to questions 16 or 17, then full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, if subsequently a claim should arise.

20	(a) Please list out details of previous Professional Liability Insurance carried during the past 3 years including policies of Insured's subsidiaries If none, then please check here				
	Period	Insurer	Limit	Retention	Premium
	(b) Has any proposal for Professional Liability Insurance made on behalf of the Insured(s) or any predecessors in the business, or present partners/directors/principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed? If "yes", please advise reason(s).				<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(c) Is the Insured is covered under any other Insurance Policy ? (If the proposal is covered under Principal's Professional Liability Policy				<input type="checkbox"/> Yes / <input type="checkbox"/> No

21	Insurance Requirement	
	(a) Please specify Limit of Liability desired:	
	(b) Retention desired:	
	(c) Retroactive date	
	(d) Standard Extension	
	2.1 Automatic Acquisition of New Subsidiaries	
	2.2 Court Attendance	
	2.3 Emergency Defence Costs	
	2.4 Estates and legal representatives	
	2.5 Extended Reporting Period	
	2.6 Joint Venture/Consortium	
	2.7 Legal Representation Expenses	
	2.8 Lost Documents	
	2.9 Mitigation & Rectification costs	
	2.10 Outgoing Principals and Employees	
	2.11 Professional Inquiries	
	2.12 Public Relations Expenses	
	2.13 Vicarious Liability Extension	

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

Please attach the following documents along with this proposal form (as applicable):

1. Most Recent Audited Financials
2. Copy of your standard and largest contract
3. Copy of your business plan if company is less than 3 years old
4. Copy of your contract with your subcontractors

Other Important Information

1. PAN Card number
2. GSTIN Number

V. INSURED INFORMATION

Any one of the following can be covered – Proposer (Self), Proposer's spouse, Dependent Sibling (Unmarried & Financially Dependent), Dependent Child (Unmarried & Financially Dependent), Parents/ In Laws

INSURED DETAILS								
Name in Full*	Relation with the Proposer*	Date of Birth DD/MM /YYYY	Gender*	Height in (cm)*	Weight in (kg)*	Occupation*	Marital Status*	ABHA ID

NOMINEE DETAILS (Applicable for individual customers)

Nominee Name*	Relationship of Nominee with Proposer*	Nominee Date of Birth DD/MM/YYYY*	Nominee Mobile Number	Nominee Email ID	Nominee Present Address	Nominee Permanent Address	Nominee Bank Name and Account Details	% of claim share*

***Total % share cannot exceed more than 10**

Where Nominee is a minor, give details of Appointee 0%

Name of the Nominee	Name of the Appointee	Date of Birth DD/MM/YYYY	Relationship with the Nominee

Note: Please provide an additional sheet if space is not sufficient to complete details.

VI. BANK ACCOUNT DETAILS

PAYMENT DETAILS	REFUND / CLAIMS DETAIL
<input type="checkbox"/> Cheque <input type="checkbox"/> Demand Draft <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Online Payment	<input type="checkbox"/> Details as per premium cheque to be used for electronic fund transfer; <input type="checkbox"/> Cancelled cheque submitted of other bank
Cheque / D.D# <input type="text"/>	Account Number: <input type="text"/>
Drawn Amount <input type="text"/>	IFSC/MICR Code: <input type="text"/>
Drawn To <input type="text"/>	Bank Name: <input type="text"/>
Date <input type="text"/>	Account Holder name: <input type="text"/>
IFSC/MICR Code <input type="text"/>	Disclaimer: Zurich Kotak General Insurance Company (India) Limited shall not be liable to anybody, in any manner, whatsoever if the NEFT transaction does not complete
Bank and Branch Name: <input type="text"/>	
For Credit/Debit Card: <input type="text"/>	
Transaction Reference No: <input type="text"/>	
Transaction Date: <input type="text"/>	

VII. ELECTRONIC INSURANCE ACCOUNT DETAILS OF PROPOSER (E-mail id is mandatory)

Do you have an EIA Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please quote EIA Number	<input type="text"/>
If No, do you want Us to create an EIA account for you	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill up Insurance Repository Application form)
Email id (to be registered with Insurance Repository)	<input type="text"/>
Your address details as mentioned in the EIA account shall override the address provided in this application for Insurance	

VIII. DECLARATION

I/We do hereby solemnly declare and state that all information given above is true to my/our knowledge. In case such information is found at any time in future to be false or misleading or it is found by the insurer that I/We have not disclosed any fact which is material to the assessment of the risk, the insurance cover granted to me / us shall be deemed to be null and void and I/We shall not be entitled to any benefit hereunder.

Protect and contribute in conserving the environment, all your policy and service related communication would be sent in soft copy to the email id mentioned in the proposal form and it is valid for all regulatory /policy servicing requirements. I/We would still want to receive a physical copy of the policy.

I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through Central KYC Registry or Goods and Service Tax Portal or Ministry Of Corporate Affairs Portal or National Securities Depository Limited portal for the purpose of undertaking KYC.

AML DECLARATION

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. I/We understand that the Company has the right to call for document to establish sources of funds. The Insurance Company has right to cancel the insurance contract in case I am/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.

In case of entity, Type of Organization making the payment:

Limited Company Government Organization Non-Government Organization Society Trust
 Partnership Co-operatives International Organization Section 25 Company Others

Are you a Non-Profit Organization? *(only in case of an entity) Yes No

“Non-profit organization” means any entity or organization, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013);”

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)? * Yes No

(Politically Exposed Persons” (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials)

*Place: _____

*Date:

Authorised Signatory

Company Stamp

Name and Position in the Company: _____

VERNACULAR DECLARATION

I hereby declare that, I have fully explained the contents of the proposal form and terms and conditions of the Policy to the Proposer in the language understood to him/her and that the Proposer has affixed the thumb impression / signature after fully understanding the contents thereof.

Signature/Thumb impression of Proposer

Signature of Intermediary/ Sales Person*

*Place: _____

*Date:

DECLARATION IN CASE THE PROPOSER/ POLICYHOLDER IS PERSON WITH DISABILITY (PWD) (Applicable for individual customers)

I hereby declare that I _____, am a person with a disability and require assistance in completing this proposal form. I authorize _____ [Name of Representative], to act as my authorized representative and provide necessary declaration on my behalf for this Insurance Policy.

Signature/Thumb impression of Proposer

Signature of Authorised Representative*

*Place: _____

*Date:

DECLARATION FOR AGENT

I hereby declare that, I have fully explained the features and terms & condition of the policy in detail to the Proposer and the Proposer has affixed the thumb impression / signature after fully understanding the features thereof.

Signature/Thumb impression of Proposer

Signature & Stamp as applicable of the Insurance Advisor/ Specified person of Corporate Agent/Authorised Employee of Broker/Sales person*

*Place: _____

*Date:

PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

- 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 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.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs Rupees.

ACKNOWLEDGEMENT

Received from Ms. /Mrs. / Mr.

a sum of Rs. Through Cheque/DD against your proposal for Maxima Professional Liability Insurance - Non Technology

Signature of Zurich Kotak General Insurance Company (India) Limited Official / Intermediary Date

Zurich Kotak General Insurance Company (India) Limited Official/Intermediary Name:

Time: : Place: _____

Note: Neither the submission of a completed proposal for insurance or any payment for any policy sought oblige the Company to agree to issue a policy, which decision is and always shall be in the Company's sole and absolute discretion. If Zurich Kotak General Insurance Company (India) Limited accepts a proposal for insurance, it shall be subject to the Board approved underwriting policy of Zurich Kotak General Insurance Company (India) Limited and the policy Terms and Conditions of Maxima Professional Liability Insurance – Non-Technology and the Company shall have no liability to make any payment if premium is not received by Zurich Kotak General Insurance Company (India) Limited in full and in time, or is not realised. If a proposal is not accepted, Zurich Kotak a General Insurance Company (India) Limited will inform you and refund any payment received from you without interest.

ADDITIONAL QUESTIONNAIRE FOR DOCTORS

1	a) Please provide Insured's Professional qualifications and the year of such qualifications	
	b) Please provide the branch of medicine viz., Allopathy / Homeopathy / Ayurvedic / Any other-please specify	
2	Please provide the below	
	a) Medical Registration No.	
	b) Year of Registration	
	c) How long has the Insured been practicing	
3	Is the Insured a member of any Medical Association / Council?	
	If so, please State Name and Address of such Association / Council with Membership No.	
4	Is the Insured a	
	a) General Practitioner /General Physician / Surgeon	
	b) Pathologist / Radiologist	
	c) Consulting Physician	
	d) Anaesthetist / Plastic Surgeon	
	Note: If Specialist, please specify Insured's line of specialization.	
5	a) Specify facilities such as dispensing facility, X-ray, radiation therapy, scanning, ECG, Sonography, MRI, etc., available / operated by Insured or under Insured control.	
	b) Are these facilities being maintained through regular service contracts with the manufacturers/ specialized servicing Agencies?	
	c) If these facilities are operated by employees please state their i) names ii) technical qualification iii) experience and iv) name of the facility operated	
	d) Please indicate whether the Insured wish to extend the policy to cover, out of the above list, personal who are not qualified to operate the facility mentioned against their names	
6	a) i) Is the Insured attached to /or attending as a visiting physician / surgeon in any Hospital / Nursing Home / Clinic etc.,	
	If yes, please give details:	
	ii) Is the Insured in service with any organisation? If yes, then please give name & address of the same.	
	b) Is the Insured covered under a Medical Establishment Errors & Omissions policy?	
7	State the average number of patients the Insured are attending per day	
8	Has the Insured employed any data management system ?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes , Kindly share details	
9	Does the Insured participate in any Training programs ?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If Yes, kindly share details	
10	Does the Insured have a break-in in practices of Professional Services ?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If yes, Kindly share the period	

ADDITIONAL QUESTIONNAIRE FOR MEDICAL ESTABLISHMENTS

1	Are the Doctors / Nurses / Technicians working for the Insured	
	a) Duly licensed in accordance with the Medical Acts or any other prevalent laws	
	b) Members of Medical Association / Council?	
2	State the number of employees (including visiting doctors) in each of the following classifications;	
	1. General Physicians	
	2. Plastic Surgeons	
	3. Dentists	
	4. Pharmacists	
	5. Technicians	
	6. Nurses	
	7. Trainees	
	8. Voluntary Workers	
	9. Other (Please specify)	
	10. Specialists including Surgeons in different disciplines.	
	a) Eye / ENT	
	b) Pathologists	
	c) Cardiologists	
	d) Radiologists	
3	a) Please specify all the facilities available like X-ray, scanning, pathology, etc.	
	b) Whether persons operating these are qualified and well experienced?	
4	Does the Insured have ambulance? If yes, specify number	
	Does the insured have out patient department? Please specify estimated No. of patient to be treated in a year.	
5	Please State	
	No. of beds maintained	
	No. of bassinets for maternity cases.	
6	Estimated No. of in-patients	
	Current Year	
	a) General	
	b) Medical	
	c) Surgical	
	d) Any other class (Please specify)	
	Previous Year	
	a) General	
	b) Medical	
	c) Surgical	
	d) Any other class (Please specify)	
7	Give details of radioactive treatment facility, Specify the materials used and precautions taken further for such usage.	
8	Does the Insured under take training of staff?	
	a) If yes, please give details	
	b) Nature of supervision over such trainees.	
	Does the Insured supply medicines to patients?	

ADDITIONAL QUESTIONNAIRE FOR ARCHITECTS AND ENGINEERS

1	Please indicate the type of professional services provided and the approximate percentage of each relative to the Firm's total gross fee income:	
	Activity/ Nature of Work	Percentage (%) of Fee Income
	Architecture	
	Interior Design	
	Landscape Architecture	
	Town Planning	
	Quantity Surveying	
	Structural Surveying	
	Structural Surveys / Inspection Reports	
	Project Coordination	
	Project Management	
	Planning Supervision	
	Expert Witness	
	Feasibility Studies	
	Civil Engineering	
	Structural Engineering (including piling work)	
	Mechanical Engineering	
	Electrical Engineering	
	Heating, Ventilation and Refrigeration	
	Chemical/ Petrochemical Engineering	
	Soil Engineering	
	Nuclear Engineering	
	Adjudication / Arbitration	
	Surveying (land)	
	Surveying (building)	
	Process Engineering / Industrial Engineering	
	Estate Agency	
	Management Contractor	
Environmental Work		
Others (PLEASE SPECIFY)		
Total	100%	
2	Please indicate the categories of clients handled and the approximate percentage of each relative to the Firm's total gross fee income/ gross turnover:	
	Activity/ Nature of Work	Percentage (%) of Fee Income
	Government (Non-Military)	
	Government (Military)	
	Healthcare, Hospitals, Laboratories and Clinics	
	Aerospace	
	Manufacturing/ Industrial	
	Oil & Gas	
	Others (PLEASE SPECIFY)	
	Total	100%
3	Please indicate the categories of projects handled and the approximate percentage of each relative to the Firm's total gross fee income/ gross turnover:	
	Activity/ Nature of Work	Percentage (%) of Fee Income
	Housing – Individual low rise homes	
	Housing – High rise buildings (more than 10 stories)	
	Housing – Multi-unit low rise building developments	
	Roads – Non-highway (single lanes)	
	Roads – Highways (non single lanes)	
	Bridges, Tunnels and Dams	
	Railways, Airports and Harbors	
	Sewerage and Water Schemes	

	Urban Planning/ Infrastructure	
	Industrial – Power Plants, Utility Plants and Manufacturing Plants, Refineries and Petro-Chemical Plants, Industrial System Build	
	Hospitals/ Nursing Homes	
	Schools and Universities	
	Hotels and Recreation Facilities	
	Other Activities (PLEASE SPECIFY)	
	Total	100%
4	Risk Management	
	a) Does the Insured hold regular principal meetings?	
	b) Does the Insured have standard procedures for regular review of ongoing Contracts internally and with clients?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	c) Does legal counsel always review your contracts, including changes to standard contracts/ letters of engagement? If “no”, please explain who can approve variations and under what circumstances contracts can be changed.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	d) Does the Insured always use standard written contracts condition which clearly outlines the scope of your services?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	e) Do all of Insured’s contracts/ letters of engagement with your customers include the following:	
	i) A detailed “scope of work”, product specifications or other “performance expectations”?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	ii) A limitation of liability for a fixed monetary amount?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	iii) Do customers always sign the contract and its modifications?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	f) Does the Insured operate any Quality Assurance Systems? If “yes”, please specify which Quality Assurance Systems you use.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	g) Does the Insured operate Continuous professional training for all qualified members of staff?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
5	h) Does the Proposer employ any data management system ? If Yes , Kindly share details	<input type="checkbox"/> Yes / <input type="checkbox"/> No
6	i) Does the proposer participate in any Training programs ? If Yes, kindly share details	<input type="checkbox"/> Yes / <input type="checkbox"/> No
7	(k) Does the Insured have a break-in in practices of Professional Services ? If yes, Kindly share the period	<input type="checkbox"/> Yes / <input type="checkbox"/> No
8	Subcontracted Work And Procedures	
	a) Does the Insured firm use sub-contractors? (sub-contractors includes any “outside consultants”) If “no”, please skip this section of this proposal form	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	b) If “yes” to question (a), does the firm always use written contracts with all sub-contractors? If “no”, please advise when and why exceptions are granted.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	c) Does the Insured insist that sub-contractors maintain their own professional liability insurance policy? If “yes’, what are the minimum limit of liability that you insist upon. If “no”, do you assume the full responsibility for the work carried out by subcontractors	<input type="checkbox"/> Yes / <input type="checkbox"/> No

ADDITIONAL QUESTIONNAIRE FOR ACCOUNTANT PROFESSIONAL

1	Please provide an estimate of the percentage of total annual fees for the past complete financial year from the following categories:			
	Audit/ Accountancy/ Company Tax for Listed Companies	%	Insolvency/ Liquidation	%
	Audit/ Accountancy/ Company Tax for non-listed Companies	%	Insurance Commissions (non-life and pensions)	%
	Audit/ Accountancy/ Company Tax for Small Traders	%	Mergers & Acquisition (Small Traders)	%
	Audit/ Accountancy/ Company Tax for Banks/ and Financial Institutions	%	Mergers & Acquisition (Listed Companies / non-listed Companies)	%
	Personal Taxation	%	Executor/ Trusteeship	%
	Management & IT Consultancy	%	Life & Pension Commissions	%
	Outside Directorship	%	Investment Advice	%
Company Secretarial/ Registrar	%	Others (PLEASE SPECIFY)	%	
2	RISK MANAGEMENT			
a)	What is the management structure of the Insured?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
b)	If the Insured is managed by a committee, does the committee meet on regular or ad hoc basis?			
c)	Does the Insured designate or employ an individual with management responsibility for evaluating or dealing with complaints, actual or potential claims and other such matters?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
d)	Risk management procedures			
	i) Does the Insured have written risk management procedures?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	ii) Are the risk management procedures regularly reviewed, circulated and/or discussed within the Practice and have all staff been made aware of them?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
e)	Does the Insured always use engagement letters?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If "yes", then			
	i) Do the engagement letters outline:			
		the scope of services to be performed		<input type="checkbox"/> Yes / <input type="checkbox"/> No
		any statement/ assumptions upon which the engagement is based		<input type="checkbox"/> Yes / <input type="checkbox"/> No
		the responsibilities of the client		<input type="checkbox"/> Yes / <input type="checkbox"/> No
		any limitations/ restrictions in respect of any services performed		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	ii) Does the client sign the letter of engagement?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	iii) Do you provide advice or services which fall outside the scope of the letter of engagement?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
f)	Conflicts:			
	i) Do you have a written policy specifying the conflicts of interest procedures which include a cross check system and back up?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	ii) In the event of a conflict of interest, do you:			
		inform the client in writing		<input type="checkbox"/> Yes / <input type="checkbox"/> No
		advise the client to seek independent advice		<input type="checkbox"/> Yes / <input type="checkbox"/> No
		continue to act for the client		<input type="checkbox"/> Yes / <input type="checkbox"/> No
	iii) Does the Insured undertake any professional services for any client in which any Partner/Director/ Principal or Accountant holds a partnership/ directorship or have any other financial interest?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If "yes", please provide details below:			
g)	Diary System			
	i) Does the Insured operate a diary system with manual back-up?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If "yes", please answer (ii) and (iii)			
	ii) Are periodic checks made to ensure that the diary system is being strictly followed?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	iii) Does the diary system provide for Accountants being absent or deadlines are missed?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
h)	A policy which requires prior approval in writing for an Accountant to serve as an Officer and/ or a Director of a client or third party.			<input type="checkbox"/> Yes / <input type="checkbox"/> No
i)	File Review			
	i) Does the Insured have a file review system which requires randomly selected files to be audited by an Accountant other than the Accountant handling the file?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	ii) Does the file review system include Partner to Partner auditing?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
j)	Does the firm offer and promote continuing training?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
k)	Does the Proposer employ any data management system ?			<input type="checkbox"/> Yes / <input type="checkbox"/> No
	If Yes, Kindly share details			

	l)	Does the proposer participate in any Training programs ? If Yes, kindly share details	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	(m)	Does the Insured have a break-in in practices of Professional Services ? If yes, Kindly share the period	<input type="checkbox"/> Yes / <input type="checkbox"/> No
3	SUPPLEMENTARY AUDIT QUESTIONS		
	a)	Does the Insured undertake any audit work in relation to listed companies? If "yes" please specify by Company & the Exchange on which they are listed	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	b)	For each Company, please specify the audit fees in respect of the last two completed financial years.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	c)	Has the Insured provided additional professional services to any Company declared in Q2 during the last two completed financial years? If "yes", please specify by Company the fees in respect of the additional professional services.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	d)	In relation to any Company declared in the above questions, has the Insured ever issued a qualified Audit? If "yes", please provide by Company full details and type of qualification.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	e)	Has any Company declared in the above questions ever had reason to restate any financial statements prepared by the Insured? If "yes" please explain.	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	f)	Has the Insured ever been dismissed or replaced as auditors to any listed company in the last 5 years? If "yes", please provide on a separate sheet of your letter headed paper full details by Company	<input type="checkbox"/> Yes / <input type="checkbox"/> No
	g)	Has the Insured provided any professional services in relation to the offering, sale or issuance of any security of any client in the last 3 years? If "yes", please provide a separate sheet of your letter headed paper full details	<input type="checkbox"/> Yes / <input type="checkbox"/> No