PRIME INSURANCE COMPANY LIMITED
P.O BOX 30280,LILONGWE 3, MALAWI | (H/O) CHIEF KILIPULA BUILDING
Tel: +265 01 753012/757721 | Fax: +265 01 756320
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PROFESSIONAL INDEMNITY PROPOSAL FORM

1. Name and Address of Firm: Tel. No. .....

2. Full name of each partner, qualifications and when qualified, how long practising as a partner in the Firm:-

   (a) Name: .....

   (b) Qualifications: .....

   (c) When qualified: .....

   (d) How long practising as a partner in the Firm: .....

   (e) Previous Firm(s) practiced: .....

3. Total number of partners and staff:-

   (a) Partners: .....

   (b) Other qualified staff: .....

   (c) Staff other than typists and office boys: .....

   (d) Typists and Office Boys: .....

   (e) What are the annual fees of the partnership/firm: .....

4. When was the firm established? .....

5. Does the firm's practice extend or has it ever extended to activities overseas? If so, please indicate.

   .....

   (a) What percentage this is/was of the Firm's total business, and .....

   (b) Method of handling such business .....

6. Total indemnity required (inclusive of any extensions) .....

7. A standard excess of 5% on the limit of indemnity will be applied (minimum K5,000.00). If a higher excess is required a discount will be allowed. State amount of excess required.

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EXTENSIONS

(These extensions are not necessarily available to all firms)

8. If available, do the Firm require:-

   Extension 1 - Libel and Slander
   Extension 2 - Partner's previous business

   (a) Incoming Partners: .....
   (b) Outgoing Partners: .....

   Extension 3 - Amendment of Dishonesty Exclusion
   Extension 4 - Loss of Documents
   Extension 5 - Retroactive Cover (state period)

9. If Extension 2(b) (Outgoing Partners) is required, please give:

   (a) Full names of the former partners to whom it is to apply: .....

   .....

   and (b) Dates when they ceased to be partners in the Firm: .....

10. Has any application for insurance of this nature made on behalf of the firm or their predecessors in business or any of the present partners ever been declined or has any such insurance ever been cancelled or renewal refused or have special terms been imposed? If so, please give full particulars.

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11. Have any claims ever been made against the firm or their predecessors in business of any of the present or former partners? If so, please give particulars .....

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12. Are any of the partners, after enquiry, aware of any circumstances which is likely to give rise to claim against the firm or their predecessors in business or any of the present or former partners? If so, please give full particulars .....

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I/We hereby declare that the above statements and particulars are true and that I/We have not suppressed or misstated any material facts and I/We agree that this Proposal Form shall be the basis of contract with the Company.

Name of Firm: .....

* By (Partner/s): .....

Date

* This Proposal Form must be signed by a partner.
Signature of the Form does not bind the Firm or the Company to accept the Insurance.