



PROPOSAL FORM: PROFESSIONAL INDEMNITY INSURANCE

IMPORTANT NOTICE

In pursuance to article 20 of the insurance law of the kingdom of Cambodia or any subsequent amendment thereof, you are to disclose the information required in this proposal form, fully and faithfully, which you know or ought to know, otherwise the policy issued hereunder may be void.

Agency A/C No.: _____

When completing this Proposal Form

- Please answer all questions giving full and complete answers.
- It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional relevant facts.
- A relevant fact is such known fact and/or circumstance that may influence in the evaluation of the risk by the insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or insurer.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Professional Indemnity Insurance for the firm who acts as a Proposer.

This proposal form DOES NOT BIND the Proposer or the Insurer to complete the insurance but will form part of any insurance policy incepted.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure or misrepresentation is fraudulent, the Insurer may also have the option of avoiding the contract in its entirety. It is therefore vital that you make sufficient enquiries BEFORE you complete this proposal form and BEFORE you sign any declaration that there has been no change in the information provided.

Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

SECTION 1: DETAILS OF THE PROPOSER

Insured Name: _____

Company Registration Number: _____

Address _____

Web Address/Email: _____

Place of Incorporation: _____

Date Established: _____ / _____ / _____

SECTION 2: PROFESSIONAL BUSINESS

1. Please provide a detailed description of your professional business which is required to be covered by this policy. You should attach any brochures or promotional material that may provide greater clarity in respect to your professional business.

SECTION 3: GENERAL INFORMATION

1. Does the Company have operations outside of Cambodia? Yes [] No []

If YES, does the Company have operations in the USA/Canada? Yes [] No []

If YES, please provide further details:

2. Have any Claims been made against the Company for professional negligence, error or omission in the last 5 years

Yes [] No []

If YES, please provide further details of the Claim, the Claim amount and any payments:

3. Is the PROPOSER aware, after enquiry of any circumstances or incident, which may give rise to a claim?

Yes [] No []

2. Please provide a breakdown of turnover for the current financial year and an estimate for the next year.

Territory	Current Year USD	Estimate Next Year USD
Cambodia		
Other Asia		
US/Canada		
Others, please specify		
Total		

3. Please provide details of the 5 largest contracts or projects undertaken by the Insured in the last year. For newly incorporated companies, please provide details of the expected top 5 contracts:

Project Description/Contract	Fees/Income USD	Project Value USD	Date Completed (dd/mm/yy)

4. Do you use the services of consultants, contractors or agents? Yes [] No []

If YES, what percentage of services are provided by sub-contractors? _____%

5. Are the sub-contractors required to carry professional indemnity insurance? Yes [] No []

If YES, please indicate the minimum level of cover required:

SECTION 5: EMPLOYEE INFORMATION

1. Please state the following:

- a. Total Number of Employees:
- b. Number of Principals, Partners, Directors:
- c. Number of Employees who are professionally qualified:

2. Please provide the following details for each of the Insured's Principals, Partners or Directors:

Name	Qualifications	Date Qualified	No. Years of this Practice

3. If Previous Business Cover is required, please complete the following details:

Name of Principal, Director or Partner requiring this coverage	Date Left Previous Business	Are you aware of any claims or circumstances against the previous business? If YES, please provide details

4. Was the Professional Business conducted at the previous firm as per the details mentioned in SECTION 2: PROFESSIONAL BUSINESS. Yes [] No []

If NO, please provide further details of your Professional Business while working at the previous firm:

5. Are you covered under the previous business policy? Yes [] No []

If YES, please provide further details:

SECTION 6: INDEMNITY LIMIT

1. Please select the amount of Indemnity required:

- USD 200,000 [] USD 1,000,000 []
- USD 300,000 [] USD 1,500,000 []
- USD 500,000 [] USD 2,000,000 []
- Other – Please State: _____ []

SECTION 7: DECLARATION

I/We to the best of my/our knowledge hereby confirm that the statements contained in this Proposal Form are true and correct and I/we have not concealed, misrepresented, or misstated any material fact. I/We agree that the statements and declaration in this Proposal Form shall be the basis of the contract between myself/yourself and the company and are deemed to be incorporated in the contract.

.....
Proposer's Signature

.....
Date