

**INSURANCE PROPOSAL FORM**  
**MISCELLANEOUS RISK APPLICATION FORM**

*Completing the Proposal Form*  
 Please answer all questions in full leaving no blank spaces.  
 If you have insufficient space to complete any of your answer please attach a separate signed and dated sheet and identify the question number concerned

1. Full name of all entities to be insured (including service, administrative or nominee companies and subsidiaries that you wish to be covered by this policy):  
 (Hereinafter the applicant will be referred to as "You" or "Your")  
 .....  
 .....
2. Your principal address :  
 .....  
 .....
3. Address(es) of branch offices or other locations :  
 .....  
 .....
4. Date on which the Practice was established :  
 .....

**MANAGEMENT AND PERSONNEL DETAILS**

1. Please supply the following details.

Names of Partners, Principals and Directors	Age	Qualifications	Date Qualified	Period Practicing as Partner, Principal or Director	
				This Practice	Previous Practices
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....



2. Please supply total numbers of:

- ( a ) Partners/principals/director .....
- ( b ) Qualified staff .....
- ( c ) Other technical staff .....
- ( d ) Trainee staff .....
- ( e ) Non-technical administrative staff .....
- ( f ) Clerical staff .....
- ( g ) Other staff (please specify) .....

**TOTAL** .....

Please enclose curriculum vitae or resumes for all partners/principals/directors detailing qualifications and a summary of career experience.

3. Does the Practice always require and obtain satisfactory references when engaging employees? YES  NO

*For sole proprietors only - questions C.4 and C.5*

4. State the experience of your assistants and their length of service.

.....  
.....

5. What arrangements do you have to assist you during your temporary absence on business, leave, sickness, or unforeseen emergency?

.....

**DETAILS OF PRACTICE**

1. 1.1 Has the name of the practice ever been changed? YES  NO

1.2 Has any other practice or business amalgamated or merged with you? YES  NO

1.3 Have you purchased any other practice or business? YES  NO

*If you have answered YES to either part D.1.1.1, D.1.1.2 or D.1.1.3., please supply details.*

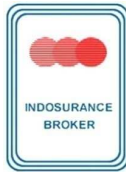
2. Is any partner, principal or director connected or associated (financially or otherwise) with any other practice or business? YES  NO

*If you have answered YES please supply details.*

.....

3. Please list the professional bodies or associations to which the applicant belongs.

.....



4. 4.1 Please provide details of the precise nature of activities or business.

.....  
.....  
.....  
.....  
.....

4.2 Please categorise the activities or business outlined in Question 4.4.1 above and indicate the approximate percentage of your fee income derived from same.

*TYPE OF WORK*

.....%  
.....%  
.....%

4.3 Please provide details of advice given in relation to the activities or business outlined in Question 4.4.1 above.

.....  
.....  
.....  
.....

4.4 Are verbal reports always confirmed in writing? YES  NO

*If NO, how do you substantiate such verbal reports?*

.....  
.....

5. Do you provide written reports to clients? YES  NO

If YES, please provide sample copies of typical reports together with details of any disclaimers and/or warranties used in connection with such reports.

.....  
.....

6. Please provide brief description and fees for the five (5) largest contracts undertaken over the past five (5) years.

*BRIEF DESCRIPTION*

*FEES*

.....	.....
.....	.....
.....	.....
.....	.....
.....	.....



7. Does any contract or client represent more than 50% of your annual work or fees? YES  NO

If YES, please supply details.

.....  
 .....

8. Do you engage consultants, sub-contractors or agents? YES  NO

If YES:

8.1 do you insist they carry their own professional indemnity insurance? YES  NO

8.2 do you enter into any hold-harmless agreements or otherwise waive any legal rights or entitlements which you may have against such consultants, sub-contractors or agents? YES  NO

9. Do you envisage any substantial changes in your activities or are there any major new operations contemplated during the next 12 months? YES  NO

If YES, please supply details.

10. Do you issue any brochures or other promotional material (including capability statements) describing your activities or services? YES  NO

If YES, please enclose copies.

11. Do you perform work outside of Indonesia, or work for clients located overseas? YES  NO

**E. FINANCIAL POSITION OF THE CORPORATION**

1. Please advise the date of your financial year end: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. Please provide the amount of total income/fees for the following:

	INDONESIA	OTHER COUNTRY
(a) Current financial year	.....	.....
(b) Last financial year	.....	.....
(c) Previous financial year	.....	.....

3. Please provide the amount of the largest annual fee for any one client:  
 .....  
 .....

4. Please provide the approximate percentage of your activities (based on fee income) applicable to each country from which you derive a portion of your income.

Country	INDONESIA	ASIA	EUROPE	USA/CANAD A	OTHER
Percentage of Income	..... %	..... %	..... %	..... %	..... %

**F. CLAIMS DETAILS**



1. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct? YES  NO

*If YES, please supply details.*

.....  
 .....

2. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the Practice or any of their predecessors in business or any prior Practice of any of their present or former partners, principals or directors, or have circumstances been notified to insurers that might give rise to a claim? YES  NO

*If YES, please provide the following details in respect of each matter.*

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or outstanding?
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

3. Are any of the partners, principals or directors, AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against the Practice or any prior Practice or any of their present or former Partners, Principals or Directors which matter is not referred to in question F.2 above? YES  NO

*If YES, please provide the following details in respect to each matter.*

Name of Claimant or Potential Claimant	Brief description of the Matter	Estimate of Potential Liability
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**G. INSURANCE COVER**

1. Does the Practice presently carry, or has the Practice ever carried, professional indemnity insurance? YES  NO

*If YES, please supply details:*

Insurer: .....

Expiry Date: .....

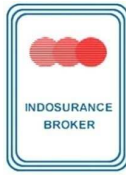
Limit of Indemnity: .....

Premium: .....

2. Has the Practice or any partner, principal or director ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? YES  NO

*If YES, please supply details.*

.....



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## H. APPLICATION FOR COVER

1. 1.1 Limit of indemnity required: .....
- 1.2 Deductible/excess requested: ..... (each and every claim)
- 1.3 Extensions:
- |  |                        |
|--|------------------------|
| ✓ Libel and slander                              | Automatically Included |
| ✓ Loss of documents                              | Automatically Included |
| ✓ Consultants, subcontractors and agents         | Automatically Included |
| ✓ Intellectual property                          | Automatically Included |
| ✓ Joint venture liability                        | Automatically Included |
| ✓ Newly created or acquired entity or subsidiary | Automatically Included |
| ✓ Run-off cover insured entity or subsidiary     | Automatically Included |
| ✓ Estates and legal representatives              | Automatically Included |
| ✓ Outgoing principals                            | Automatically Included |
- (ii) Please indicate if you seek cover for the following optional extension.
- |                        |  |
|------------------------|--|
| • Fraud and dishonesty | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| • Previous business    | YES <input type="checkbox"/> NO <input type="checkbox"/> |



**DECLARATION**

The Undersigned authorized officer of the Principal Organization declares that to the best knowledge and belief the statements set forth herein are true, and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the directors and officers of the Principal Organization, to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.

The undersigned, on behalf of the directors and officers of the Principal Organization, acknowledge that the Statutory Notice contained herein has been read and understood.

Signed

\_\_\_\_\_ Date \_\_\_\_\_

Title

\_\_\_\_\_ *Chairman of the Board or Managing Director Only*

***IMPORTANT***

*You are to disclose in this proposal form, fully and faithfully all facts you know or ought to know, otherwise the Policy hereunder may be void.*