

# EVEREST INSURANCE COMPANY LTD.

Head Office: Hattisar, P. O. Box: 10675, Kathmandu, Nepal  
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## PROPOSAL FORM FOR PROFESSIONAL INDEMNITY INSURANCE

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

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1) Name & Address of Proposer :

2) When established :

3) Full details of work carried on (please attach brochure, information booklet, etc. if any & specimen copy of contracts entered into) :

4) a) 

Names in full of all Partners/Directors Principals	Qualifications in full	Date qualified	How long Principal in this practice
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b) Is coverage required in respect of past work for any Partner/Principal who has left, retired or died ? YES/No. IF ' YES' please give the following :

Full Name	Qualifications	How long Principal in this Practice
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5. State :
- a) No. of qualified accountants/ Lawyers  
 No. of Professionals  
 No. of Administrative personnel including clerks, typists, office boys etc.  
 No. of Apprentice
  - b) Total amount of annual wages payable.

6. Do you engage persons outside your organisation ?  
 If yes, specify the details of purpose and nature of control exercised by you over them (specimen contact be enclosed).

7. Loss record for 5 years

YEAR	CAUSE	KIND OF LOSS	AMOUNT OF LOSS (RS)
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.....			
.....			
.....			
.....			

8. Have you during the past 12 months dismissed or do you contemplate dismissal of any member of staff on account of any omission, neglect, error or for like (please give full details)

9. Are you aware of any neglect, omission or error or existence of any circumstances likely to give rise to a claim?

10. a) Annual fees earned during the last five years
- | Year | Fee |
|------|-----|
|      |     |
|      |     |
|      |     |
|      |     |
|      |     |
- b) Estimated fees for the current year

11. Previous Insurance history.
12. Limits of Indemnity required : Any One year
13. Voluntary Excess

14. Period of Insurance Required

From	To

I/ We hereby declare that the above statement and particulars are true and I/We have not suppressed or misstated any material facts and that at the present time I/We have no reason to anticipate any claim being brought against me/our for any negligent act, error or omission on my/our part and against the Company and agree that this declaration shall be the basis of the contract between me/us and the Insurer. I/We also agree that the indemnity under the Insurance shall not be availed for claims arising out of facts of negligence, error or omission or misconduct committed PRIOR to commencement of this insurance.

Date :  
 Place :

SIGNATURE OF PROPOSER