



Professional Indemnity Insurance (Miscellaneous Classes)

Questionnaire and Proposal form

Completing this Form

In order to apply for this insurance, please complete all parts of this Proposal Form and the annexures, if any. The Insurance cover begins when Al Madina Insurance Company SAOG confirms the same in writing.

You must provide full, accurate and true answers to all questions listed below. Material facts which you know or ought to know should be fully and accurately disclosed. Failure to do so may result in rejecting your claim and/or terminating the insurance policy from inception.

If you are in any doubt about what you should disclose, please do not hesitate to contact us. Making sure that we are informed completely, is for your own protection.

If the space provided is inadequate, please provide the details using additional information sheet, duly signed and dated.

Signing of this proposal form is not the commencement of insurance coverage. The commencement of insurance coverage will be confirmed upon acceptance of the proposal and issuance of the Insurance Policy.

Please keep a copy of this proposal form for your record along with any correspondence/information provided to us and policies/endorsements which may be issued to you subsequently.



1. Name of Firm and date when first established, including subsidiary, associated or predecessor firms for which cover is required.

2. Address (Please show the address required on the policy)

P.O. Box:

City:

Country:

Contact Person Name:

Phone Number:

Mobile Number:

Fax Number:

Email address:

Address of branches

3.	Names of all Directors / Partners	Qualifications Please provide curriculum vitae if no relevant institute / academic qualifications	Year obtained	How long is the Director/Partner is in Firm	If less than 5 years' practical experience in this occupation, please give details of previous occupation.

4 a. Total number of staff, other than Typists/Clerical Workers

b. Typists and Clerical Workers

5 If sole Director / Partner, please answer the following:

Is this a part-time occupation?

YES / NO

If yes, please give brief details of present full time occupation.

6. Description of Firm's activities for which cover is required:
(if there is more than one activity, please detail percentage split for each category)

7. Are any major changes in the Firm's activities planned or expected within the next two years? **YES / NO**

If yes, please give details

8. Is the Firm or any of the Directors / Partners connected or associated (financially or otherwise) with any other Firm, Company or Organization? **YES / NO**

If yes, please give details

Director / Partner	Nature and name of association

9. Does the Firm perform work outside the Oman or work for clients outside of Oman? **YES / NO**

If yes, please give details, including countries and proportion of fees from this work.

- 10 Does the Firm use a standard form of contract, agreement or letter of appointment? **YES / NO**

If yes, please enclose copies

- 11 Does the Firm issue any Brochure, Leaflets, Books, etc. describing the Firm's services or offering any service or facility? **YES / NO**

If yes, please enclose copies

- 12 Please give the amount of gross income/fees from the following:

- a. Last financial year: _____
- b. Previous financial year: _____
- c. Current financial year (estimate): _____
- d. Date of financial year end: _____
- e. Largest annual fee from any one client: _____

13. Is any work put out to sub-contractors? **YES / NO**

If yes, please give details, including:

- a. Does the Firm require sub-contractors to carry insurance and for what limit? _____
- b. What percentage of the Firm's fees is paid to sub-contractors? _____
- c. Nature of sub-contracted work _____

14. Previous Applications for Insurance

Has any Proposal for similar insurance made on behalf of the Firm, any predecessors in business or present Partners or Directors, ever been declined or has such insurance been cancelled or renewal refused or special terms imposed?

YES / NO

If yes, please supply details _____

15. Present Insurance. Please give particulars of the Firm's present insurance.

Amount of Indemnity	Excess	Premium	Insurer	Renewal Date	How long continuously insured

16. Have any claims been made against the Firm or its present or past Directors / Partners (whether insured or not?)

YES / NO

If yes, please give details _____

17. Are any of the Directors / Partners, AFTER INQUIRY, aware of any circumstances which may give rise to a claim against the Firm or its predecessors in business or any of its present or former Directors / Partners?

YES / NO

If yes, please give details _____

18. What limit of indemnity is required? (please tick)

RO 25,000 RO 50,000 RO 100,000 (or) RO _____

19. What is the amount of the deductible which your Firm would be prepared to carry in respect of each claim? (please tick)

RO 500 RO 1,000 RO 2,500 RO 5,000 RO 10,000 or RO



(Underwriters require minimum deductible, depending on the size, type of work undertaken).

20. Do you require insurance for:

- | | | | |
|-----|---|----------|--|
| (a) | Loss of Documents
If "Yes", then indicate what limit | YES / NO | (Delete where Applicable)
RO 500, RO 1,000,
RO |
| (b) | Dishonesty of Employees | YES / NO | (Delete where Applicable) |
| (c) | Libel or Slander | YES / NO | (Delete where Applicable) |
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Declaration

I/ we hereby declare that I am/we are familiar with the regulations of Takaful business written by Al Madina Insurance Co. S.A.O.G., and I/we agree to deal with the company accordingly. Also I/we authorize the company to manage and invest the contribution(s) in the manner deemed necessary under these regulations.

I/ We do understand and agree that the information disclosed in this proposal will form the basis of Takaful contract.

I/We also declare that the information and details mentioned in this proposal are correct to the best of my/our knowledge and if proven otherwise in any respect, the Takaful contract will become null and void without any notice.

I/We agree to the terms, conditions including all exclusions of Takaful Contract which I/we have read carefully

Date: _____

Signature of Proposer: _____

Company Seal:

The Takaful contract will not be in force until the proposal has been accepted by the company. This Takaful Contract is governed by the insurance regulations of Sultanate of Oman as an insurance contract and operates under the Takaful regulations of this Company.

Name of Proposer:

Title:

Signature:

Stamp:

Date:

Note: Please note that each page of the Proposal form should be signed by the Proposer.