Allied Insurance Company

Professional Indemnity Proposal Form

ޕްރޮފެޝަނަލް އިންޑެމްނިޓީ އިންޝުއަރަންސްއަށް އެދޭ ފޯމު

Proposal no.

Policy no.

☐ Individual / އަމިއްލަ ފަރުދުން

☐ Company / ކުންފުނި

Occupation: ____________ / ވަޒީފާގެ ދާއިރާ

Nature of Business: ____________ / ވިޔަފާރީގެ ބާވަތް

Company/Office/Applicant’s Name: ____________ / ކުންފުނީގެ ނަން/ އޮފީހުގެ ނަން/ އެޕްލިކަންޓްގެ ނަން

Date of Birth: D D / M M / Y Y Y Y / އުފަން ތާރީޚް

☐ Male / ފިރިހެން ☐ Female / އަންހެން

Permanent Address (as in ID card): ____________ / ދާއިމީ އެޑްރެސް (އައިޑީ ކާޑުގައި ވާގޮތަށް)

Postal Address (fill below): / ޕޯސްޓުކުރާ އެޑްރެސް

House/Building name: ____________ / ގޭގެ ނަން/ އިމާރާތުގެ ނަން

Road: ____________ / މަގު

District: ____________ / އަވަށް

Postal Code: ____________ / ޕޯސްޓަލް ކޯޑު

Atoll,Island: ____________ / އަތޮޅު، ރަށް

☐ National ID Card / އައިޑީ ކާޑު

☐ Registration Certificate / ރަޖިސްޓްރީ ސެޓްފިކެޓް

☐ Work Permit / ވޯކް ޕަރމިޓް

☐ Passport / ޕާސްޕޯޓް

ID No. / އައިޑީ ނަންބަރު: ☐☐☐☐☐☐☐☐☐☐☐

Reg No. / ރަޖިސްޓްރީ ނަންބަރު: ☐☐☐☐☐☐☐☐☐☐

Nationality: ____________ / ޤައުމު

Contact Name: ____________ / ގުޅަންޖެހޭ މީހާގެ ނަން

Contact No: ____________ / ގުޅަންޖެހޭ މީހާގެ ނަންބަރު

Email: ____________ / އީމެއިލް

Fax: ____________ / ފެކްސް

Standard Proposer Details

Period of Insurance:
Nature of Business/Practice:
Location of Business / Practice:
Limit of indemnity required:
Territorial Limits: Maldives

Details of the Professional’s

(a) Please provide by attachment the following details of each Partner/Principal/Director:

Name:

Qualifications and Date Qualified:

Period as a Partner/Principal/Director at this Practice or Firm:

(b) Attach also the CV of each Partner/Principal/Director:

Which Professional Associations does the Proposer (including any Partner/Principal/Director) hold membership of?

Past History of the Professional’s

1. Has any Partner/Principal/Director ever been subject to any disciplinary proceedings? (Enquiry to determine same is to be made.) ☐ Yes ☐ No

   If “Yes”, please provide details:

   ____

   ____

   ____

2. Has a Claim ever been made against the Proposer (or any previous Company Name used by the Proposer), or any past or present Partner/Principal/Director or employee of the Proposer? ☐ Yes ☐ No

If "Yes", please provide details of matter, claimant, current status, amounts paid and reserve amounts. (Enquiry to determine same is to be made.)

____

____

____

3. Is the Proposer including any Partner/Principal/Director or employee aware of any facts which might give rise to a Claim? ☐ Yes ☐ No

If "Yes", please provide details (Enquiry to determine same is to be made.)

____

____

____

4. Have any special terms or conditions ever been imposed on any Insurance Policy held by the Proposer? ☐ Yes ☐ No

If "Yes", please provide details:

____

____

____

5. Has the Proposer ever had any entitlement to indemnity under any Insurance Policy denied, or otherwise affected due to non-disclosure, misrepresentation or breach of a policy provision? ☐ Yes ☐ No

If "Yes", please provide details:

____

____

____

6. Has any Insurer ever refused to provide terms or offer renewal terms to the Proposer or has any insurance held by the Proposer ever been avoided or cancelled by an Insurer? ☐ Yes ☐ No

If "Yes", please provide details:

____

____

____

7. Has Professional Indemnity Insurance ever been held? ☐ Yes ☐ No

If "Yes", Please advise the following:

Insurer:

Expiry Date:

Sum Insured:

Excess:

Declaration: I/We confirm that the above answers, statements, particulars and additional information are true to the very best of my/our knowledge and belief. I/We also confirm that I/We have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/We agree that this proposal shall be basis of the contract and part of the insurance between myself / ourselves and the company.

މަތީގައި ފުރުކޮށްދީފައިވާ މައުލޫމާތަކީ ތެދު އަދި ސައްޙަ މައުލޫމާތުކަމަށް އަޅުގަނޑު/ އަޅުގަނޑުމެން އިޤްރާރުވެ ސޮއިކުރަމެވެ. މީގެ އިތުރުން، އިންޝުއަރަރ ކުރާ ފަރާތުން، އަޅުގަނޑު/
އަޅުގަނޑުމެން ނަގާދަން ހަމަޖެހިފައިވާ އިންޝުއަރަންސް ޕޮލިސީއާއި، ޕޮލިސީގެ ދަށުން ހިމެނޭ ކަންތައްތަކާއި ދޭށް ފުރިހަރަ މައުލޫމާތު އިންޝުއަރަރ ކުރާ ފަރާތައި އަޅުގަނޑު/ އަޅުގަނޑުމެން
ހިއްސާ ކޮށްދީފަވެ. އިންޝުއަރަންސް ކޮންޓްރެކްޓުގައި އަޅުގަނޑާއި/ އަޅުގަނޑުމެންނާއި ދެމެދުގައި އެއްބަސްވުން ބިނާވެގެން ވާނީ މި ފޯމުގައިވާ މައުލޫމާތުތަކުގެ މައްޗަށް ކަމުގައި ޤަބޫލުކުރަމެވެ.

Signature:	Date:

Documents required with the Proposal:	☐ ID. Card/Company's registration copy	☐ Practice license/ Registration copy

Office use only		
Rate:	Premium:	Agent's Name:

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY

(Acceptance of Proposal means Insurance policy issued and premium collected.)