



PROPOSAL FORM FOR PROFESSIONAL LIABILITY INSURANCE

1 a) NAME OF PROPOSER _____
b) HEAD OFFICE ADDRESS _____

2 NAME OF OTHER PARTIES TO BE INCLUDED

Name	Equity Interest of Main proposer	Reason for Inclusion *
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* e.g. Subsidiary/management control/joint venture partner/predecessor in business etc.

3 DATE PROPOSER ESTABLISHED :-

4 PROFESSIONAL BUSINESS OF FIRM :-

- Detailed scope of work for the contract under which you are willing to cover the Professional Liability.
- Materials to be packed. Description of Material & Packing.
- Voyage & Transportation means (stating the place of origin & arrival)
- Frequency of packing per year.
- Contract value & period.

(If necessary, attach additional sheets)

5 a) HAS ANY CHANGE BUY WAY OF MERGER, TAKE-OVER OR NAME OCCURRED IN THE LAST 10 YEARS?

Yes No

If 'YES' please give details with relevant dates:-

b) ARE YOU FINANCIALLY ASSOCIATED WITH ANY OTHER FIRM, OTHER THAN IN REPLY TO QUESTION 2) ABOVE ?

Yes No

If 'YES' please give details with relevant dates:-

c) IS THE PROPOSER OR HAS THE PROPOSER EVER BEEN A MEMBER OF A CONSORTIUM OR JOINT VENTURE ?

Yes No

If 'YES' please give details with relevant dates:-

6 a) PLEASE STATE FINANCIAL YEAR END DATE

b) PLEASE STATE GROSS FEES BILLED FOR EACH OF THE LAST COMPLETED FINANCIAL YEARS :-

GROSS FEES

GEOGRAPHICAL SPLIT

Year	All Contracts	This particular Contract	Overseas Contracts	USA / Canada Contracts
	SR.	%	%	%
	SR.	%	%	%
	SR.	%	%	%
	SR.	%	%	%
c) Estimate for current financial year	SR.	%	%	%

d) i) PLEASE STATE THE OVERSEAS COUNTRIES IN WHICH THE PROPOSER HAS OPERATED IN THE PAST 5 YEARS.

ii) PLEASE STATE ANY OTHER COUNTRIES BEING CONSIDERED FOR FUTURE WORK:-

Please State What Proportion, If Any, Is Separately Insured And Provide Details Of Insurance Cover

7 a) PLEASE STATE BREAKDOWN OF GROSS FEES BILLED IN THE LAST COMPLETED FINANCIAL YEARS

	Total	Amount sublet (Total 100% each category)
i) Packing	%	%
ii) Storage	%	%
iii) Clearance	%	%
iv) Forwarding	%	%
v) Freight	%	%
vi) Transportation	%	%
vii) Others (Please Specify)	%	%
TOTAL	100%	

8 COVERAGE REQUIRED FOR : (please specify)

- Packing
- Forwarding
- Storage
- Freight
- Clearing
- Dishonesty of Employees

a) Has the firm sustained any loss through the Fraud or dishonesty of any employee ?

- b) Is any employee allowed to sign cheques without countersignature by a partner ?
- c) What sort of control processing have you established on Packing & Storage ?

9 PLEASE INDICATE WHICH OF THE FOLLOWING PROFESSIONAL DUTIES HAVE BEEN OR ARE LIKELY TO BE UNDERTAKER & GIVE DETAILS OF EACH ITEM (ON A SEPARATE SHEET)

- Safety Planning Supervision
- Packing & Packing materials supervision with quality control/assurance
- Cost of estimates & Control
- Arranging site control while packing
- Storage Safety
- Any software application to track the packed & forwarded materials
- Action trace for lost & non-delivered materials
- Certifying final delivery
- Certifying final payment
- Transportation : Will you use your own vehicles ?
If not
What insurance cover have you requested the transport company for whom you have sub-contracted this activity to provide you with ?
- Clearing procedures & control & shipment security while in the port.

10 a) IS THERE ANY MAJOR CHANGE IN THE NATURE OF ACTIVITIES ANTICIPATED IN THE NEXT 12 MONTHS ?

Yes No

If "YES" please provide details

b) DOES THE PROPOSER SUPPLY OR MANUFACTURE ANY GOODS AND MATERIALS IN CONNECTION WITH ANY WORK ?

Yes No

If "YES" please provide details

12 PLEASE STATE THE 5 LARGEST CONTRACTS HANDLED DURING THE PAST 5 YEARS

Starting Date	Country	Type of Contract (packing/Forwarding / clearing/ Transportation)	Total Contract Value	Your Value	Professional Services	Ending Date

13 DETAILS OF STAFF (INCLUDING AGENCY STAFF) EMPLOYED TO CARRY OUT THE PROFESSIONAL DUTIES LISTED IN Q-7

a) i) Number of Partners / Directors

ii) Name	Qualification	Date Qualified	How long Partner/Principle in this Practice
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b) Number of all other Professional Qualified staff

c) Number of All other staff

TOTAL STAFF

d) Does any partner/principle suffer from any physical disability or other impediment, which is likely to effect the performance of the professional business.

Yes No

(N.B. If any of these staff are considered qualified by experience, please attach details of appropriate practical experience acquired in this and previous employment)

14 a) WHEN THE PROPOSER ENGAGES THE SERVICES OF OR ASSUMES RESPONSIBILITY FOR INDEPENDENT FORWARDERS OR /PACKERS, IS IT REQUIRED THAT SUCH FORWARDERS OR/PACKERS HAVE PROFESSIONAL INDEMNITY INSURANCE FOR NOT LESS THAN THE AMOUNT OF COVER REQUESTED BY THIS PROPOSAL?

Yes No

b) WHAT TYPE OF ACTIVITIES OR PROFESSIONAL SERVICES ARE SUB-CONTRACTED ?

c) DOES THE PROPOSER ENDEAVOUR TO LIMIT LIABILITY TO THE EMPLOYER AND /OR PRINCIPAL UNDER CONTRACT ?

Yes No

If "YES" please provide details:-

d) DOES THE PROPOSER ENTER INTO ANY COLLATERAL WARRANTIES ?

Yes No

If "YES", legal advice sought before entering into such warranties ?

15 a) HAS THE PROPOSER PREVIOUSLY PROPOSED FOR OR BEEN INSURED BY A PROFESSIONAL INDEMNITY POLICY ?

Yes No

If "YES" :-

i) WITH WHOM ?

ii) LIMITED DEDUCTIBLE

EXPIRY DATE

b) HAS ANY SUCH PROPOSAL BEEN DECLINED

Yes No

c) HAS ANY PREVIOUS INSURER

i) Refused to renew ?

Yes No

ii) Imposed Special restriction ?

Yes No

iii) Required increased premium ?

Yes No

iv) Cancelled cover ?

Yes No

If "YES" , please provide full details:-

16 AMOUNT INDEMNITY REQUIRED

17 THE AMOUNT PROPOSER IS WILLING TO CARRY IF AVAILABLE AS UNINSURED IN RESPECT OF EACH AND EVERY CLAIM (which includes associated Defense Costs);

a) SR. 10,000

b) SR.25,000

c) SR.50,000

18 IS THE PROPOSER AFTER ENQUIRY AWARE OF :-

a) ANY COSTS INCURRED BY THEM IN THE PAST OR ANY CLAIM MADE AGAINST THEM FOR PROFESSIONAL NEGLIGENCE, ERROR OR OMISSION (SUCCESSFUL OR OTHERWISE)?

Yes No

b) ANY CIRCUMSTANCE OR EVENT WHICH MIGHT GIVE RISE TO A CLAIM MADE AGAINST THEM FOR PROFESIONAL NEGLIGENCE, ERROR OR OMISSION ?

Yes No

NOTE: THE ANSWERS TO THESE QUESTIONS ARE OF THE UTMOST IMPORTANCE AND SHOULD ONLY BE COMPLETED AFTER FULL AND SEARCHING ENQUIRY. MERELY BECAUSE IN THE PROPOSER'S OPINION A CIRCUMSTANCE OR EVENT WHICH HAS ARISEN IS UNLIKELY TO RESULT IN A CLAIM, DOES NOT MEAN THAT ITS OCCURRENCE NEED NOT BE NOTIFIED. IF IN ANY DOUBT, GIVE FULL DETAILS, INCLUDING CLAIM OR POTENTIAL COST AMOUNT.



19 DECLARATION

NOTE: THE PROPOSER IS REQUESTED TO DISCLOSE ALL INFORMATION WHICH WILL INFLUENCE THE UNDERWRITERS IN THEIR ASSESSMENT OF THE RISK, WHETHER SPECIFICALLY REQUESTED IN THIS PROPOSAL OR NOT.

I, being an authorized representative of the proposer, and all parties named in Question 2 declare that the statements made an information given are true and that no material information has been withheld, or mis-stated, and I acknowledge that this proposal and all other information supplied by me or on my behalf shall be the basis of any contract of insurance issued as a consequence.

Signed on behalf of Proposer _____

Name _____ Position _____

Date