

Version 1.0



For Official Use Only

PROPOSAL FORM

PROFESSIONAL INDEMNITY FOR CONSULTING ENGINEERS, ARCHITECTS AND INTERIOR DECORATORS

Intermediary Type Agent / Broker / Direct Intermediary Name _____ Intermediary Code _____
MO Name _____ MO Employee ID _____ Branch Name _____

GUIDELINES FOR COMPLETION OF THE FORM

Please answer all questions in this proposal form completely and accurately on behalf of all persons to be insured. Where any question does not apply, please mention 'NA'. Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material facts but also not to suppress any material facts in response to the questions in the proposal form. If you think any fact is material, please disclose it.

- ICICI Lombard General Insurance Company Limited (ILGIC) is under no obligation to accept any proposal for insurance. If ILGIC accepts a proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.
- Please note that the insurance is not effective until the proposal is accepted by ILGIC and premium received.
- If additional space is required to provide relevant information, whether as requested or otherwise in or along with this proposal form, please attach a separate sheet to this proposal form and return it to ILGIC.
- If there is any change in the information provided in the proposal form or otherwise before the date on which the policy is issued, please intimate ILGIC immediately.
- Please seek the advice of your insurance advisor or agent if you are unclear about any of the policy terms and conditions.

It is agreed and understood that information provided in this proposal form and documents submitted along with the proposal form will be the basis of any subsequent insurance policy that may be issued to you by ILGIC. You shall provide ILGIC with a full and frank disclosure of any and all facts that may be material to ILGIC's decision to grant a policy or the terms upon which it should be granted. If you fail to do so, it may result in the rejection of a claim and/or the avoidance of the policy.

GENERAL INFORMATION

Name of the proposer _____

Name of the policyholder _____

Address _____

Contact Number _____

Email Address _____

Contact Person _____

Proposed Limit of Liability _____

Proposed Policy Period _____

Details of any existing Professional Indemnity insurance covers

- Insurer _____
- Limit of Liability _____
- Policy Period _____

Details of any existing CGL insurance covers

- Insurer _____
- Limit of Liability _____
- Policy Period _____

PROFESSIONAL SERVICES

Please provide in detail the Professional services of the policyholder & subsidiaries

Year Established _____ Total Number of Employees _____

Please provide the following details about the subsidiaries

No.	Name of Subsidiary	Country of Incorporation	Percentage of policyholder's shareholding in the subsidiary	Professional Services
1				
2				
3				

Please append an additional sheet if required

Have the policyholder or any subsidiary's professional services changed in the past 3 years or do you anticipate any major changes in these services in the forthcoming twelve months YES NO

If 'Yes' please provide full details _____

Please specify if the policyholder or any subsidiary is accredited with any recognized quality standards

Please provide the following details of the five largest projects undertaken in the past 3 years:

Client	Professional Services Rendered	Total Contract Value	Start Date	Completion / Estimated Completion Date

Please provide the policyholder or any subsidiary's consolidated revenue by geographical segments

	Last Completed Year	Current Year Estimate	Forthcoming Year Estimate
Year End			
India			
Europe			
USA / Canada			
Rest of the World			
Total			

Please advise the following as an approximate percentage of policyholder or any subsidiary's revenue during the last financial year?

	Percentage
Feasibility Studies	
Design	
Design with Supervision of Construction	
Supervision of Construction	
Construction only, no design	
Project Management	
Design with construction responsibility (Construction subcontracted)	
Construction with design responsibility (Design subcontracted)	
Total	100%

Please provide the following Activity -wise split of the policyholder or any subsidiary's consolidated revenues (excluding other income)

	Percentage
Structural Engineering	
Mechanical Engineering	
Electrical Engineering	
Civil Engineering	

Chemical Engineering	
Construction and/or Project Management	
Land Surveying	
Quantity Surveying	
Building Surveying	
Architecture	
Other (Please explain)	
Total	100%

Please provide the split of the policyholder or any subsidiary's consolidated revenues in the following areas

Client	Percentage
Residential	
Low Rise (< 3 Stories)	
High Rise (> 3 Stories)	
Commercial Buildings	
Offices	
Malls	
Others	
Infrastructure	
Highways/Roads	
Bridges/Tunnels/Dams	
Harbour/Jetties	
Airports (Non-airside)	
Airports (Airside)	
Railways	
Others (Please specify:)	
Total	100%

Is any work carried out relating to Sewerage/Water Schemes, Harbours/Jetties, Dams/Mines, Offshore Installations/Marine, Bridges/Tunnels, Chemical/Oil/Nuclear Facilities?

YES

NO

If Yes, what percentage? _____

Please provide details below:

Please provide the following details of the policyholder or any subsidiary's clients that represent more than five percent (5%) of the Company's consolidated revenues (excluding other income)

Client	Professional Service	Revenue

LEGAL

Does the Company have written contracts or agreements with all clients?

YES

NO

If 'No', does legal counsel review all customized contracts or agreements & marketing materials prior to release?

YES

NO

Do all contracts or agreements with clients fully describe the scope of services to be provided?

YES

NO

Do all contracts or agreements include how any disputes between the Company and the clients will be handled?

YES

NO

Please tick the correct option form below for the Company's Hold harmless or indemnity agreements:

They inure to the Company's benefit

They inure to the Company's client's benefits

They are mutual

Do all the Company's contracts or agreements carry a Limitation of Liability clause?

YES

NO

Do all the Company's contracts or agreements carry Guaranties or Warranties?

YES

NO

Does the Company negotiate contracts or agreements in which it accepts liability for consequential damages?

YES

NO

What is the value of average contract or agreement? _____

What is the average tenure of contract or agreement? _____

SUB-CONTRACTORS

Does the policyholder or any subsidiary sub-contract any Professional Services? YES NO

If 'Yes':

What type of work is sub-contracted? _____

What percentage of total work is subcontracted? _____

Do you require Sub-contractors to maintain a Professional Indemnity Policy? YES NO

Do you require cover for claims made against sub-contractors under this policy? YES NO

CLAIMS INFORMATION

Are there any legal cases pending against the policyholder or any subsidiaries in the last 3 years YES NO

If 'Yes', please provide details

Nature of Claim	Amount of Loss	Current Status	Remedial Measures

Please provide details of settlement (if any, in the past 3 years)

Is any person proposed for cover aware of any facts or circumstances which might afford grounds for any future claim(s) that would fall within the scope of the proposed coverage or indicate the probability of any future claim(s) YES NO

It is agreed that if known facts or circumstances exist any claim or action arising from them is excluded from this proposed coverage.

DOCUMENTS REQUIRED

Please provide copies of the following documents to ICICI Lombard General Insurance Company

- Expiring Professional Indemnity Policy Copy (If it is not ILGIC policy)
- Specimen Contract Copy
- Details of project specific policies (if any)

DECLARATION

I hereby declare and warrant that to the best of my knowledge and belief the answers given above and documentation submitted are true, complete and accurate and that I have not withheld any information material to this proposal. I agree that the information in this proposal form and the accompanying documentation submitted shall form the basis of the contract proposed between me and ICICI Lombard General Insurance Company Limited

Date _____ Place _____

Designation _____

Authorized Signatory Signature & Stamp

STATUTORY WARNING: PROHIBITION OF REBATES (SECTION 41) OF THE INSURANCE ACT 1938

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind or risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.

Any person making default in complying with the provision/s of this section shall be punishable with fine, which may extend to ten lakh rupees.



Mailing Address: ICICI Lombard General Insurance Company Limited, Interface Building No.11, 401/ 402 4th Floor, New Link Road Malad (W), Mumbai - 400064.

Registered Office Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, P. Balu Marg, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com • Fax No.: 02261961323. • Our toll free number is **1800 2666**

ICICI Lombard General Insurance Company Limited. Insurance is the subject matter of the solicitation. **IRDA Reg. No. 115.** CIN: U67200MH2000PLC129408

For complete details on coverage, Terms & conditions & exclusions, please refer to Policy Wordings (available on request)