



Professional Indemnity Insurance Proposal Form Lawyers

I. General data

1. Name of proposer in full		
2. Address of head office		
3. Address of branch office(s) and name(s) of resident partner(s)		
4. When was the firm established?		
5. During the past five years, has the name of the firm been changed or has any other firm purchased or any merger or consolidation taken place? If so , please give full details.	yes	no
6. Member of association?	yes	no



7. Details of all practising principals or partners

Names	Qualifications, dates qualified/total duration of professional experience	Position held in company and how long

8. Total number of principals, partners and staff

- Technical:
- Principals, partners or officers
 - Lawyers and legal assistants
 - Staff other than typists and office staff (please specify)

Number

Total non-technical/administration staff

9. Does your firm, any partner, principal or staff manage, own or have financial control of any bank, trust company, mortgage or loan association, title guarantee or real estate company or undertake work as executor, trustee, director or company secretary?

If so, please give full details.

yes no

II. Nature and volume of your present and foreseeable future activities

1. Describe your firm by showing the percentage of gross fees to be received from the following activities during the current fiscal year:

- a) Litigation _____ %
- b) Real estate conveyancing _____ %
- c) Estate work _____ %
- d) Corporation law _____ %
- e) Patents _____ %
- f) Commercial matter _____ %
- g) Others (please specify) _____ %

Total: 100 %



<p>2. Does the firm's practice extend or has it ever extended to activities abroad? If so, please indicate</p> <p>a) in which countries and the respective share of total business. b) method of handling such business.</p>	yes	no _____ %																								
<p>3. Fees Please indicate your fiscal year. What are the gross fees for</p> <p>a) last fiscal year? b) current fiscal year (estimate)? c) next fiscal year (estimate)?</p>																										
III. Previous insurance/previous claims																										
<p>1. Have you previously been insured? If so, please specify:</p> <table border="1" data-bbox="263 1153 1125 1478"> <thead> <tr> <th></th> <th>Name of insurer</th> <th>Policy period</th> <th>Limit of indemnity</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td></tr> </tbody> </table>		Name of insurer	Policy period	Limit of indemnity	1				2				3				4				5				yes	no
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1																										
2																										
3																										
4																										
5																										
<p>2. Has a previous application been declined? Has a previous insurance</p> <p>a) required increased premium? b) required special restrictions? c) been terminated/not been renewed by an insurer?</p> <p>If so, please give detailed information.</p>	yes yes yes yes	no no no no																								



3. Have any claims been made during the past five years against your firm? If so , please advise amount and background of each claim.	yes	no
4. Is your firm aware of any circumstances or incidents which may result in a claim against your firm? If so , please give details.	yes	no
IV. Indemnity required		
1. Limit any one claim		
2. Aggregate Limit		
3. Deductible each and every claim to be borne by insured		
V. Endorsements to basic cover		
1. Extended Claims Reporting Period	yes	no
2. Loss of Documents If so , up to what amount?	yes	no _____
3. Incoming/Outgoing Partners a) Incoming partners b) Outgoing partners If this extension is required, please advise names of the partners and incoming/outgoing dates.	yes yes	no no _____



الشركة العامة للتأمين في عمان س.م.ع.
OMAN UNITED INSURANCE CO. S.A.O.G.

4. TPL

yes no

If so, up to which limit of indemnity?

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this _____ day of _____ 20_____

For and on behalf of _____
(insert name of firm)

Signature of partner or principal _____

Please attach a brochure concerning your firm.