



**AXA MANSARD INSURANCE PLC** RC133276  
 Santa Clara Court  
 Plot 1412, Ahmadu Bello Way, P.M.B. Box 80015, Adeola  
 Odeku, Victoria Island, Lagos

"AN INDIVIDUAL WHO ASSISTS AN APPLICANT TO COMPLETE THIS PROPOSAL FORM FOR INSURANCE SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF THE APPLICANT"

**Professional Indemnity Insurance Prospectus**

*Professional indemnity insurance is a type of insurance which is designed to protect professionals/businesses from financially crippling and often reputation-damaging claims made against them by dis-satisfied clients.*

*This policy provides indemnity for the insured against legal liabilities that may arise by reason of any neglect, error or omission **committed in a professional capacity** by the person insured or by any partner, director or any person who may be in the insured's employment.*

*This insurance covers legal fees/expenses involved in a suit, along with any payouts determined as a result of a lawsuit.*

**Professional Indemnity Insurance Proposal Form**

Full Name of Proposer: \_\_\_\_\_

Contact Address (Not P.O. Box): \_\_\_\_\_

Telephone No(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ RC No.: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Website \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Bank Name \_\_\_\_\_

BVN \_\_\_\_\_ Nationality \_\_\_\_\_ Place of Birth \_\_\_\_\_

Tax Identification Number \_\_\_\_\_ Resident Permit (For Non Residents): \_\_\_\_\_

Country of Dual Citizenship: \_\_\_\_\_ Foreign Mailing \_\_\_\_\_

Address \_\_\_\_\_

Means of Identification: \_\_\_\_\_ ID No: \_\_\_\_\_

How long have you been in operation? \_\_\_\_\_ Fax No. \_\_\_\_\_

**Your professional Activities:** Please state fully the nature of your business (*please attached company's corporate profile*) \_\_\_\_\_

Total Number of Staff: \_\_\_\_\_ Number of Qualified/Professional staff: \_\_\_\_\_

Other technical staff: \_\_\_\_\_ Other Staff (including typist, receptionist etc): \_\_\_\_\_

Particulars of principals/Directors (*Please attach resumes*)

| Name | Age | Qualification |
|------|-----|---------------|
|      |     |               |
|      |     |               |
|      |     |               |
|      |     |               |

*\*Attach list if more than the space provided.*

Are you a member of a good standing profession association/Regulatory body?

Yes  No

AMIPLC/P&C/PIPF/09/2016/V1.2

**Please Note "No Cash Payment":**

Kindly ensure all payments are made directly into AXA Mansard's designated corporate account account(s). All cash payments **MUST** be made in person, as the company shall not be held liable for cash payments made to/through other parties apart from NAICOM licensed insurance brokers.

If yes, please specify: \_\_\_\_\_

**You professional Activities:** Please state fully the nature of your business (please attached company corporate profile) \_\_\_\_\_

Gross professional fees/earnings for the last 1 year: ₦ \_\_\_\_\_

Estimated gross professional fees/earnings for the next 1 year: ₦ \_\_\_\_\_

**Period of Insurance:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Limit of Indemnity Required:** a) Anyone occurrence: ₦ \_\_\_\_\_

b) Anyone period of Insurance: ₦ \_\_\_\_\_

**Expected Premium:** ₦ \_\_\_\_\_ **Source of Funds:** \_\_\_\_\_

**Bankers:** \_\_\_\_\_

Does the Proposer ensure that Sub Consultants are engaged in a binding contract accepting responsibility for their own negligence, error or omission and does the proposer ensure that all Sub Consultants carry Professional Indemnity Insurance? Yes  No

Does the Insured maintain a Complaints Register on all complaints it receives from clients? Yes  No

Does the proposer have written procedures or checklists for the service performed? Yes  No

Does the Proposer currently have Professional Indemnity Insurance in force? Yes  No

If yes provide the following details:

| Name of insurer | Period of insurance | Sum Insured (₦) | Premium (₦) | Excess |
|-----------------|---------------------|-----------------|-------------|--------|
|                 |                     |                 |             |        |

Have you suffered any of loss (es) in the past: Yes  No

If yes give details

| Year | Insurer | Claimant | Nature of Problem | Amount Paid/Outstanding (₦) |
|------|---------|----------|-------------------|-----------------------------|
|      |         |          |                   |                             |
|      |         |          |                   |                             |

Has any company declined, cancelled, refused or accepted your proposal on special terms and conditions? Yes  No

If yes give details in a separate sheet \_\_\_\_\_

### DECLARATION

I/We warranted that the above statements are true and complete and I/We agree that this proposal shall be the basis of the contract between me/us and the Company.

AMIPLC/P&C/PIPF/09/2016/V1.2

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I/We agree to accept a policy in the Company's usual form for this class of insurance

Name: \_\_\_\_\_

Signature/Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

Client's Risk Category: \_\_\_\_\_

Broker/Agent/BA: \_\_\_\_\_

SBU/Hub/Spoke: \_\_\_\_\_

Accept

Decline

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