



**INSURANCE MANAGEMENT  
(BAHAMAS) LIMITED**

Insurance Brokers and Agents

Head Office  
P. O. Box SS-6283  
Rosetta Street East,  
Palmdale, Nassau.  
Tel: (242) 394-5555  
Fax: (242) 323-6520

**Professional Indemnity Proposal Form  
The Legal Profession**

*Unless all material facts are disclosed, the insurance could be invalidated. Material facts are those facts an Insurer would regard as likely to influence the acceptance and/or assessment of the proposal. If you are in any doubt about whether facts are material, you should disclose them.*

**All questions must be fully answered, in block capitals or by circling the YES/NO answers**

---

**1.** Name of Practice/Firm  
(hereafter referred to as the Proposer):-

---

**2.** Address or addresses of Practice/Firm – all addresses must be shown together with the Partner or Principal responsible for work at each office:-

---

**3.** Please give details of the activities undertaken and any intended change in these (It may assist to include copies of brochures, written agreements or conditions of contract used in connection with the business):-

---

**4.** Date commenced:-

---

**5.** Give details below of **partners/directors/sole practitioner**:-

Full Name	Qualifications	Date qualified	Number of years in this capacity with the Proposer

Please attach the curriculum vitae or details of previous business experience for each partner/director who has held such position with the Proposer for less than 3 years.

---

**6.** State numbers of other permanent staff:-

Technical staff	
Non-technical staff	

**7.** Does the Proposer or any partner/director act on behalf of or undertake work for any company or business

a) which forms part of the same group of companies or businesses as the Proposer (e.g. subsidiary, associate, parent)? YES / NO

or

b) in which the Proposer or any partner/director has a financial interest and is able to take or influence major policy decisions in such company or business? YES / NO

If "YES" in either case, please give details:-

**8.** State the dates of the Proposer's financial year:-

**9.** State gross fees for the last and current financial years (including those paid to sub-contractors) payable by clients. If the business is newly-established, state the estimated gross fees for the forthcoming financial year.

	Last Financial Year	Current Financial Year (Estimate)
i) In The Bahamas		
ii) In the USA/Canada or in the Bahamas or elsewhere for clients whose address is in the USA/Canada		
iii) Elsewhere		
Total		

**10.** Is the Proposer represented in any way in the USA or Canada? YES / NO

If "YES", state how (e.g. by subsidiary company, local office, local representative or by any other person or concern holding a power of attorney on behalf of the Proposer):-

**11.** State:

	Last Financial Year	Current Financial Year (Estimate)
i) gross fees paid to sub-contractors		
ii) largest fee earned from any client		

**12.** State the approximate percentage of gross fees for the last and current financial years (if the practice is newly established, state the estimated percentage for the forthcoming year) in respect of

	Last Financial Year	Current Financial Year (Estimate)
a) all criminal work and litigation		
b) property transactions for 1) commercial clients 2) other clients		
c) corporate and commercial matters other than property transactions		
d) patents and copyright		
e) civil law and personal matters other than property transactions (claims, family relations, sales contracts etc.)		
f) administration of estates and trusts		
g) all other work (please give details)		

**13.** Does the proposer currently hold any Professional Indemnity Insurance? YES/NO

If "YES", state

Renewal date	
Limit of Indemnity	
Retroactive date	
Name of Insurers	

**14. Cover Options**

a) Is cover required for Partners' Previous Business? YES/NO

If "YES", state

Name of Partner	Title of Previous business	Dates with Previous Business

b) Please indicate if the following covers are required (Additional Premium is required for each option chosen)

- i) Loss of Documents** YES/NO
- If "YES", does the Proposer keep documents in fireproof cabinets? YES/NO
- ii) Libel and Slander** YES/NO
- iii) Dishonesty of Employees** YES/NO

**15.** has any Insurer in respect of the risks to which this proposal relates ever

- a) declined a proposal, refused renewal or terminated an insurance? YES/NO
- b) required an increased premium or imposed special conditions? YES/NO

If "YES" in either case, please give details

---

**16.**

- a) Has any claim been made against the Proposer or any partner, director, consultant or employee for neglect, error or omission in relation to professional duties? YES/NO
- b) Has the Proposer or any partner, director, consultant or employee incurred any other loss or expense which might be within the terms of the cover? YES/NO

**If "YES" in either case, please give details separately of the circumstances of each incident including the amounts paid and the estimated potential cost of the incident.**

---

**17.** Is the Proposer or any partner, principal, consultant or employee, **AFTER ENQUIRY**, aware of any circumstances which might

- a) give rise to a claim against the Proposer or his/her predecessors in business or any of the present or former partners or principals? YES/NO
- b) result in the Proposer or his/her predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of the cover? YES/NO
- c) otherwise affect Underwriters' consideration of this insurance YES/NO

If "YES", please give details (by separate note if preferred)

**18.**

What Limit of Indemnity is required? \$  
Please state any alternative amounts for which a quotation is required \$  
\$

---

**19.**

Does the Proposer wish to contribute towards each and every claim? YES/NO

Note: In many cases a contribution will be compulsory.  
If "YES", please indicate the amount required \$  
Please state any alternative amounts for which a quotation is required \$  
\$

---

*Declaration*

*I/We declare that the above statements made by me/us or written in answer to the questions on this form on my/our behalf by someone else are to the best of my/our knowledge and belief true and correct, and no material fact has been misrepresented, misstated or withheld. I/We agree that this form, in conjunction with the original proposal, be incorporated in and taken as the basis of the contract between me/us and the Underwriters and will be deemed as incorporated in the policy.*

Signature of Partner or Director.....Date.....