

**TRIDENT INSURANCE**  
**PROFESSIONAL INDEMNITY POLICY**  
 (Attorneys-at-Law)  
**PROPOSAL FORM**

1. i) Name and address(es) of the Firm:			
ii) Do any of the partners have any assets in the USA and/or Canada? If 'Yes' please attach the full details on a separate sheet.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
iii) Does the Proposer have an office domiciled in the USA and/or Canada? If 'Yes' please attach the full details on a separate sheet.		YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Full name of each Partner, when qualified, how long practising as a Partner in the Firm, and Name(s) of Firm(s) in which he previously practised			
Name	When Qualified	How Long Practising as a Partner in the Firm	Previous Firms(s)
3. Total Numbers of Partners and Staff.			
i) Partners			
ii) Staff, other than Typists and Office Assistants			
iii) Typists and Office Assistants			
4. When was the Firm established?			
5. Total indemnity required (inclusive of any extensions)			
6. i) Extensions – Does the firm require:-			
1) Libel & Slander		YES <input type="checkbox"/>	NO <input type="checkbox"/>
2) Partners' Previous Business			
a. Incoming Partners		YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Outgoing Partners		YES <input type="checkbox"/>	NO <input type="checkbox"/>

6.	3) Employees' Dishonesty	YES <input type="checkbox"/>	NO <input type="checkbox"/>																												
	4) Fidelity Guarantee	YES <input type="checkbox"/>	NO <input type="checkbox"/>																												
	5) Loss of Documents	YES <input type="checkbox"/>	NO <input type="checkbox"/>																												
	ii) If extension 2. (a) (Incoming Partners) is required, please attach C.V. and/or previous work History and claims/incidents/losses arising from each partner's work, if any. If none, state 'NONE'.																														
	iii) If extension 2. (b) (Outgoing Partners) is required please give:																														
	a. Full names of the former Partners to whom it is to apply																														
	b. Dates when they ceased to be partners in the firm																														
	<b>7. Underwriters wish to know if the Proposer's business arrangements, contracts or service agreements allow a USA/Canadian court to have jurisdiction or for USA/Canadian jurisdiction to apply over any dispute thereunder.</b>																														
	i) Is any Partner of the Proposer represented by any person holding power of attorney on his/her behalf in USA/Canada or under USA/Canadian law? If 'Yes' please attach the full details on a separate sheet.	YES <input type="checkbox"/>	NO <input type="checkbox"/>																												
	ii) Please confirm that all contracts or service agreements for the provision of services on behalf of or to USA/Canadian clients specify that a Jurisdiction other than USA/Canada applies. If 'No' or Proposer does specify/acknowledge USA/Canadian Jurisdiction in any contracts or service agreements with any non-USA/Canadian clients, please provide the following information.	YES <input type="checkbox"/>	NO <input type="checkbox"/>																												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Client Name</th> <th style="width: 25%;">Countries in which Domiciled/Registered</th> <th style="width: 25%;">Nature of Services/Work Done and Where</th> <th style="width: 25%;">Fee Income</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			Client Name	Countries in which Domiciled/Registered	Nature of Services/Work Done and Where	Fee Income																								
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	8. Do you require and take up bank references for all new clients and/or companies and/or beneficial owners thereof? If 'No', please state applicable acceptance criteria and/or procedures followed to establish their bona fides.	YES <input type="checkbox"/>	NO <input type="checkbox"/>																												

9. Please state total fee income earned, showed fees earned, if any, from clients domiciled in the USA and/or Canada.

	Total Fees	USA %	Canada %
i) Last completed financial year			
ii) State percentage of total fees derived from the provision of advice on USA and/or Canadian law in last financial year.			
iii) Estimated for current financial year			

10. Has any application for insurance of this nature made on behalf of the Firm or their predecessors in business or any of the present Partners ever been declined or has any such Insurance ever been cancelled or renewal refused or have special terms been imposed?  
If so, please give full particulars.

YES  NO

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11. Have any claims ever been made against the Firm or their predecessors in business or any of the present or former Partners?  
If so, please give full particulars.

YES  NO

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12. Are any of the Partners, **after enquiry**, aware of any circumstance, which is likely to give rise to a claim against the Firm or their predecessors in business?  
If so, please give full particulars.

YES  NO

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I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this Proposal Form shall be the basis of the contract with the Underwriters.

Name of the Firm: \_\_\_\_\_

\* By (Partner): \_\_\_\_\_ Date: \_\_\_\_\_

\* This Proposal Form must be signed by a Partner. Signature of the Form does not bind the Firm or the Underwriters to complete the insurance.

**EXTENSIONS QUESTIONNAIRE  
ATTACHING TO PROPOSAL FORM**

**(Please complete and attach to Proposal Form, if required)**

1. If available, does the Proposer require:-		
i) Extension in respect of Fidelity	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ii) Extension in respect of Loss of Documents	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. If Extension for Fidelity is required please answer the following questions:-		
a) Does the Proposer have any Fidelity Guarantee in force at present?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, please give full particulars. _____		
b) Have any insurers ever cancelled or refused to accept or continue any Fidelity Guarantee for the Proposer or in respect of any of the Proposer's employees?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please supply full details and reasons. _____		
c) Has the Proposer sustained any loss through the fraud or dishonesty of any employee? Does the Proposer know of any fraud or dishonesty at any time of any present or former employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, please give details, and state the precautions taken to prevent a recurrence. _____		
d) Please state whether the Proposer's audit embraces all monies handled by the Proposer including all disbursements both for their own account and for the account of their clients.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____		
e) Does the Proposer always require satisfactory references when engaging employees?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____		
f) Is any employee allowed to sign cheques on his signature alone:		
i) On the Proposer's account	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ii) On Client Accounts	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "yes" for either (i) or (ii) above, state limit of amount on sole signature and/or confirm dual signature required. _____		

g) How often and by whom are the entries in the Cash Books checked with the vouchers and reconciled with the Bank Statements? \_\_\_\_\_

h) State maximum amount(s) of cash, currency, bullion, valuables and/or negotiable instruments held at any one time.

	Own Premises US \$	Elsewhere US \$
a. belonging to/held in trust for clients		
b. belonging to Proposer(s)		

i) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank? YES  NO

**In the case of a "No" answer to d), e) or i) attach details of system of check in force.**

3. Has the Proposer suffered any claim or loss arising from or connected with loss of documents either their own or held in trust and/or safekeeping on behalf of third parties? YES  NO   
If "Yes", please supply details. \_\_\_\_\_

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this questionnaire shall be incorporated into and form part of the Proposal Form dated \_\_\_\_\_ and be the basis of the contract with the Underwriters.

Name of Proposer: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Dated: \_\_\_\_\_