



GRACEKENNEDY GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON
Knutstford Boulevard

LIGUANA
Sovereign Ctr.

DOWNTOWN
Duke Street

MANDEVILLE
Midway Mall

MONTEGO BAY
Fairview Shopping Ctr.

PORTMORE
Portmore Town Ctr.

Toll free: 1-888-429-5GKG (429-5454) | Fax: 876-968-1920 | Email: gkginfo@gkco.com | Website: www.gkgeneral.com

PROPOSAL FOR PROFESSIONAL LIABILITY INSURANCE CLAIMS MADE BASIS (Accountants)

It is essential that all questions be answered fully. If the answer to any question is none, state NONE.

All Questions are to be answered by the PROPOSER

1	(a) Name of the Firm (b) Address of the Firm	
2	Full name of each Partner, qualifications and when qualified, how long practicing as a Partner in the Firm, and the name(s) of Firm(s) in which he previously practiced. (a) Name (b) Qualifications (c) When Qualified (d) How long practicing as a partner in the firm? (e) Previous Firms (s)	
3	Total numbers of Partners and Staff (a) Partners (b) Staff, other than Typist & Office Boys (c) Typists and Office Boys	
4	When was the Firm established?	
5	Does the Firm's practice extend or has it ever extended to activities abroad? If so, please indicate. (a) What percentage this is/was of the Firm(s) total business and (b) Method of handling such business	
6	Total indemnity required (inclusive of any extensions)	
EXTENSIONS		
7	Does the Firm require:- (a) Extension 1 – Partners' Previous Business (i) Incoming Partners (ii) Outgoing Partners (b) Extension 2 – Loss of Documents	State YES or NO



8	If Extension 1(b) (Outgoing Partners) is required, please give (a) Full names of the former Partners to whom it is to apply, and (b) Dates when they ceased to be Partners in the Firm	
9	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 every been cancelled or renewal refused or have special terms been imposed? If so, please give full particulars.	
10	Have any claims ever been against the Firm or their predecessors in business or any of the present or former Partners? If so, please give full particulars.	
11	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 or any of the present or former Partners? If so, please give full particulars.	
12	During the Firm's last financial year what was the Total Fee Income?	
13	What is the Estimated Total Fee Income of the Firm for the coming Financial year?	

I/We 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 and this Proposal Form shall be the basis of the contract wit the Underwriters.

Date: _____

Name of Firm _____ By Partner _____

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.

SIGNATURE OF THE FORM DOES NOT BIND THE PROPOSER OR THE UNDERWRITERS TO COMPLETE THE INSURANCE.