



**PROPOSAL FORM
FOR
PROFESSIONAL INDEMNITY INSURANCE**

Trans Pacific Assurance Limited
Level 3, Credit House
Cuthbertson Street
P O Box 170
PORT MORESBY 121, N C D
Papua New Guinea

Telephone: 321 6808
Facsimile: (675) 321 6528
Email: info@transpacific.com.pg
Website: www.transpacific.com.pg

Confidential

Please return by email: info@transpacific.com.pg

Company Name _____

Address _____

Email _____ TIN No _____

Telephone _____ Fax _____

Name of person at your company to whom
correspondence should be addressed _____

1 General Information *(If additional space is required, please list separately)*

a. Date established: _____

b. Name and address of any subsidiary, affiliated, associated companies or branch offices you wish to cover:

Name and Address	Main Activity
_____	_____
_____	_____
_____	_____
_____	_____

c. Number of Directors/Partners _____ Total number of staff _____
(engaged in providing services listed in 2e)

d. Names, positions, professional qualifications and number of years experience of Directors/Partners and Senior Managers

e. Are you a member of any trade association? *(If "Yes" please detail)*

2 Gross Annual Income (fees and commission earned)

Please indicate currency

a. Last financial year _____ b. Estimate for this financial year _____

c. Estimate for next financial year _____

d. Please indicate the percentage of your gross annual income earned from the following activities to be insured:

tramp agent	%	liner agent	%	bunker broker	%
ship manager*	%	forwarding agent	%	freight forwarder*	%
sale and purchase broker	%	chartering broker	%	marine surveyor*	%
Others					%
other activities for which insurance is required (please specify)					%

*(Please also complete supplementary form)

3 Principals

Please name the principals for whom you regularly act _____

Do you have any financial interest in any of your Principals companies?	YES	NO
Do your Principals have any financial interest in your company?	YES	NO

Delete as appropriate

4 Contract Conditions

a. Do you operate under national or "standard contract conditions"?	YES	NO
b. Do you operate under any form of "master service agreement"?	YES	NO
c. If "Yes" to either of the above, do you always advise your customers that your standard contract conditions apply?	YES	NO

Delete as appropriate

Please supply copies of all contract conditions under which you operate. If "Yes" to a) or b) please give details on separate sheet

5 Claims History

a. Have any claims been made against you, or have there been any circumstances likely to give rise to a claim being made against you, in the last 5 years?

YES	NO
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Delete as appropriate

If "Yes" please give details on a separate sheet

b. Has any insurer

i. Declined to insure you	YES	NO	ii. Cancelled your insurance	YES	NO
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iii. Refused to renew your insurance	YES	NO	iv. Imposed penalties or special terms	YES	NO
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Delete as appropriate

If "Yes" please give details on a separate sheet

c. Are you currently insured against the risks covered by this policy?	YES	NO
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If "Yes", with whom?

Current Premium?

Expiry Date?

Delete as appropriate

6 Limits and Deductibles

Please indicate any preferred limits or deductibles

Alternative 1	Limit	Deductible	Please state currency
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Alternative 2	Limit	Deductible	Please state currency
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7 Quality Assurance

Have you obtained quality assurance accreditation?

YES	NO
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8 Additional insurances you may wish to consider?

9 Please supply any literature about your company which is relevant to this proposal.

DECLARATION

As an insurer will collect your personal and other information in order to decide whether to insure a policy, determines the term and conditions of your policy, compile data and handle claims. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, etc or other parties as required by law. If you provide us with personal information about any one else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have the right to seek access to your personal information and correct it at any time by contacting us during office hours.

I/we declare the answers and information given by me/us in this proposal are true and correct in all respects. I/we also acknowledge having been clearly informed of the following:

- the nature and effect of my/our Duty of Disclosure;
- the only person whose interests are covered; and
- the most I/we can recover under a claim.

I/we further acknowledge that any cover that may be granted by You, Your agents or employees on completion of this Proposal prior to You advising me/us of its acceptance or declination of this offer to insure, is Interim Cover only.

I/we also acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this proposal. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then unfortunately Trans Pacific Assurance Limited will be unable to process my/our proposal.

Signed

Name & Position

Date

This proposal form must be completed and signed by a person who is authorised to bind the proposer.