



Madison House, Plot 255 Kaleya Road
P.O. Box 37013 Lusaka Zambia
Tel: +260 1 295311-7
Fax +260 1 295320
E-mail: madison@zamnet.zm

PROFESSIONAL INDEMNITY PROPOSAL FORM

FOR

ADVOCATES

This proposal form has been compiled in such a manner as to provide Insurers with as much detail as possible with regard to evaluation of the Insurance requirements. Completion of the form does not bind the Proposer or Insurers to complete the insurance transaction.

To assist Insurers in accurately assessing liability for rating purposes, Proposers are requested to answer all the following questions with either relevant details, "Yes" "No", or "Nil".

1 Name of advocate _____

2 Address of Chambers : _____

3 Date of establishment of the firm

a) Originally _____

b) As presently constituted _____

4 Description of business _____

5 Please state number of all staff _____

5.1 Details of all Principals/Partners

Qualifications	Date qualified	How long in practice as an advocate
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Junior or senior counsel _____

6 Have any claims been made against the proposed Insured/Partners/
Directors/Employees which will be covered under a policy for which you
are now applying?
(If Yes, please give FULL details on separate sheet).

7 Are any of the proposed Insured/Partners/Directors/Employees AFTER
ENQUIRY aware of any circumstances which would be covered under a
policy of this type that may result in any claims or a possible claim being
made against that policy.
(If Yes, please give FULL details on separate sheet)

8 Are you at present or have you in the past been insured? If so, please state:-

- i) The amount of indemnity _____
 - ii) The date of expiry _____
 - iii) The Insurers _____
 - iv) The first amount payable (excess) _____
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9 Please state approximate percentage of briefs attributable to:

Probate	%	Matrimonial	%
Criminal	%	Patents	%
Tax	%	Property	%
Other	%	Insurance matters	%

10 Please state the approximate percentage of work which is carried out in

Chambers	%	Court	%
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11 **QUOTE REQUIRED:**

Limit of indemnity : K 100,000,000.00 (One Hundred Million Kwacha) any one period of insurance inclusive of costs and expenses.

Deductible : First amount K 2,000,000.00 (Two Million Kwacha) each to be borne by Insured and every claim.

12 Do you require one full reinstatement of your limit of indemnity at an additional premium ? YES/NO

DECLARATION

I/We hereby declare that the above statements and particulars are true and complete, that at the present time, other than as stated above, I/We have no reason to anticipate any claim being brought against me/us that would constitute a claim under the insurance now being requested. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Date _____

*Signature of Proposer

***This proposal form must be signed by a Principal**