

**VANGUARD ASSURANCE COMPANY LIMITED**

INSURANCE HOUSE, DERBY AVENUE

P.O. BOX 1868 ACCRA

TEL. (021) 666 485/6. Fax. (021) 666 610. Tlx. 2005 VAG, GH

**PROPOSAL FOR PROFESSIONAL INDEMNITY**

1. (a) Name of Proposer (in full)

(b). Location and Address

(c). Number of Qualified Personnels

(d). Telephone Number

2. **Name****Age****Qualification/Year**

(a)

(b)

(c)

(d)

(e)

3. **Details of Staff**

(i). Qualified Assistants: (a) .....

(b) .....

(c) .....

(ii). Clerks: .....

(iii). Typists: .....

(iv). Office Boy: .....

(v). Others: .....

4. **Name or Style of Proposer's Business:**5. **Profession carried on:**6. **Age & Control of Business:**

(a). How Long has the Proposer's business been established?

(b). Under his/ her control?

7. Experience of Partners in Management  
How long has each Partner/Director practiced as a Principal?

**Name**

**Duration as Principal**

(a) \_\_\_\_\_

\_\_\_\_\_

(b) \_\_\_\_\_

\_\_\_\_\_

(c) \_\_\_\_\_

\_\_\_\_\_

8. Please give names and addresses of two firms in your field of practice (if possible one or more practicing Outside (Ghana) from whom references can be obtained:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. **Previous Errors :**

Has any claim been made against the proposer or any partner or member of staff for the past 5 years? If so, please give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. **Possible Outstanding liability:**

Is the proposer aware of any neglect, error or omission, or the existence of any circumstances which might give rise to a claim? Please give details.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Has any application for insurance made by you or your predecessors in business ever been declined?

\_\_\_\_\_

\_\_\_\_\_

If so, please state reasons.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Amount of Indemnity required:

\_\_\_\_\_

\_\_\_\_\_

**Declaration**

I/we declare that the above statements and particulars are true, and that I/ we have not suppressed or misstated any material facts, that at the present time I/we have no reason to anticipate any claim being brought against me/us for any negligent act, error or omission on the part of any member or employee of this firm or their predecessors in the business and agree that this declaration shall be the basis of the contract between me/us and the Insurers/Underwriter

Signature of Proposer.....