সাধারণ বীমা কর্পোরেশন

SADHARAN BIMA CORPORATION
Head Office, Sadharan Bima Bhaban
33, Dilkusha Commercial Area, Dhaka-1000.

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY INSURANCE

01. General Data	
1. Name of firm :	
2. Address of Head Office :	
3. Address of branch office(s) and resident partner(s)	
4. When was the firm established?	

5. Details of all practicing principals or partners:

Sl. No	Name	Qualifications, dates qualified/total duration of professional experience	Position held in company and how long
1.			
2.			
3.			

	Number
06. Total Number of principals, partners and staff Technical : -Principals, partners or officers -Other qualified architects -Surveyors -Draughtsmen -Other qualified staff (please specify) -Traince staff (Please specify) -Total no technical/administration staff	

7. Do you give work to independent firms (subcontractors) and/or specialists? * (The professional liability of such independent firms is not covered under the proposed policy.)	Yes		No		%

8. Are you financially connected with the principal of project and/or with contractor(s)?				
	Yes		No	

II. Nature of your activities

1. In which of the following professions is your firm engaged? **(Please mark in box)**

a) Civil engineering		b) Structural engineering		c) Mechanical engineering	
d) Electrical engineering		e) Heating and ventilating engineering		f) Chemical engineering	
g) Soil engineering		h) Others, not shown, please specify			

2. In what type of projects is your firm specialized? Please specify.	
3. List some of the largest and typical jobs performed by your firm during the last five years (brief description including values and fees).	

III. General questions regarding the project

1. Principal	
2. Main contractor/consortium	
3. Nature and purpose of project	
4. Location of project (please, country)	
5. Total contract value How much of total sum refers to building structure?	
6. Your fees	

IV) Nature of your work/responsibility/period	
1. Nature of your work (detailed description including special techniques and Hazardous factors)	
2. Your responsibility (e.g design and/or supervision)	
3. Commencement and duration of your work	
4. Commencement and duration of construction work	
5. Probable date of handing over	
6. Period of your liability/statutory limitation	
V) Technical details	
1. Soil Conditions	
2. Ground-water conditions	
3. Nature of foundations	
VI) Surrounding property	
Please give description of the neighborhood of the site (details of existing buildings or surrounding property possibly affected by contract works such as excavation, underpinning, piling, vibration or ground-water lowering).	
VII. Insurance/claims experience	
1. Are you protected by an annual professional indemnity insurance policy? If so, please advise, (YES/NO) a) Insurance company b) Limit of indemnity.	
2. Number and amount of claims during last 5 years	
VIII. Indemnity required	
1. Limit any one accident	
2. Limit in the annual aggregate	
3. Deductible each and every claim to be come by insured	
IX. Scope of coverage	
1. Design only (YES/NO)	
2. Supervision only (YES/NO)	
3. Design and supervision (YES/NO)	
4. Loss of documents Limit (YES/NO)	
5. Dishonesty of employees If so, please answer the following questions : (YES/NO) a) Has the firm sustained any loss through the fraud or dishonesty of any employee? (YES/NO) b) Is any employee allowed to sign cheques without countersignature by a partner? (YES/NO) If so, up to what amount	
6. Libel and slander (YES/NO)	

 I / we declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material/facts. I/we agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.
Signing this proposal form does not bind the proposer or underwrite to complete this insurance.

Date & Place:	For and on behalf of **(Insert name of firm)**

Signature of partner or principal

Please attach a brochure concerning your firm.
Place   :