



PROPOSAL FORM

PROFESSIONAL INDEMNITY INSURANCE

Consultancy Services including Research, Evaluation,
Training, Advisory and Reporting

(The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid)

1. Information given herein will be treated in strict Confidence.
2. Put a (✓) mark wherever applicable.
3. If space is not sufficient in any column, please give details on a separate sheet of paper.
4. Kindly answer all questions truthfully and completely in order to help us to serve you better.
5. All information provided forms the basis of the contract of insurance. Failure to disclose material facts may result in refusal of indemnity or avoidance of the policy.

SECTION 1: DETAILS OF THE PROPOSER

Full Legal Name of Firm / Consultant	
Trading Name (if any)	
Business Registration Number	
Physical Business Address	
Postal Address (if different)	
Telephone	
Email & Website	
Date Established	
Legal Status (tick one):	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> NGO <input type="checkbox"/> Consultancy Entity <input type="checkbox"/> Other: _____

SECTION 2: OWNERSHIP, PARTNERS & PRINCIPALS

Please list all Partners, Directors, Principals, or Sole Practitioners:

Name	Position	Date of joining	Experience (years)



Any changes in ownership in the last 5 years? Yes No

Details:

SECTION 3 – NATURE OF PROFESSIONAL SERVICES

Please tick and describe the services provided:

- Research & Impact Evaluation
- Monitoring & Evaluation (M&E)
- Training / Workshops / Capacity Building
- Technical Advisory Services
- Safeguarding / PSEAH Advisory
- Policy Analysis
- Reporting & Documentation
- Governance / Compliance Advice
- Programme Design
- Other (specify): _____

Detailed Description of Services:

Typical Clients (tick):

- Government NGOs / Churches Donors / UN Agencies Corporates
- Financial Institutions Community Organisations Manufacturing Mining
- Trading & Distribution Others: _____

Countries Where Services Are Provided:

- Papua New Guinea Pacific Region Australia / NZ International

Details: _____

SECTION 4: STAFFING & PRACTICE RESOURCES

Category	Number
Partners / Principals	
Number of Professional Staff	
Number of Administrative Staff	
Outline key staff qualifications and experience	



Do you subcontract any work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, describe controls and supervision	

SECTION 5 – FEES & TURNOVER

Gross professional fees for the last three (3) years:

Year	Fees (PGK)	Largest Contract (PGK)

Estimated fees for the next 12 months (PGK): _____

SECTION 6 – RISK MANAGEMENT & CONTROLS

- Do you use written contracts with clients?
 Always Sometimes Never
- Do contracts include limitation of liability clauses?
 Yes No
- Are peer reviews / QA checks undertaken?
 Yes No
- Do you maintain formal safeguarding / PSEAH policies?
 Yes No
- Do you maintain confidentiality and data protection procedures?
 Yes No
- Describe your risk management framework:

SECTION 7: INSURANCE HISTORY

Previous / Current Insurer	
Policy Period	From _____ To _____



Limit of Indemnity	PGK
Excess / Deductible	PGK
Have you in the past 5 years had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or special excess imposed by an insurer?	

SECTION 8: CLAIMS, COMPLAINTS & CIRCUMSTANCES

Have you had any claims, complaints, or disciplinary actions arising from your professional services in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give details (date, allegation, amount, status):	
Any known circumstances that may give rise to a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any above, please provide full details	
Have you or any partners of the firm ever been declared bankrupt or involved in a company which became insolvent or placed in receivership. If YES, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any partner, or director been convicted of a criminal offence during the past 5 years or been liable for a civil offence If YES, please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 9: COVER REQUIRED

Limit of Indemnity Required:

PGK 500,000 PGK 1,000,000 PGK 5,000,000 Other: PGK _____



Basis of cover: Any One Claim Aggregate

SECTION 10 – PNG REGULATORY & COMPLIANCE DECLARATIONS

The Proposer confirms:

- Registration with the Investment Promotion Authority (IPA) where applicable.
- Compliance with all applicable professional, donor, or government contracting requirements as well as all rules and regulations of Papua New Guinea
- Adoption of safeguarding / PSEAH frameworks consistent with major donor standards
- Data handling procedures consistent with PNG laws and contractual obligations.
- That all disclosures are made in good faith and in accordance with the duty of utmost good faith.

Provide details of any regulatory investigations or sanctions in the last five (5) years:

SECTION 11: DECLARATION

I / We do hereby declare that the above statements and answers are true and what I / We have not withheld any information whatsoever regarding the proposal. I / We hereby declare that all statutory provisions relating to my/our business proposed for insurance are complied with. I / We agree that this proposal and declarations shall be the basis of the contract between me/us and Liberty Assurance Limited whose policy for the insurance proposed is acceptable to me/us. I / We undertake to exercise all ordinary and reasonable precautions as if we were uninsured.

Date:

Place:

Name of Proposer & Position:

Signature of Proposer

IMPORTANT NOTE

1. *Specimen copy of the Policy Form and other terms applicable to risk is available, on request by the Proposer.*
2. *Please note that the above is for your general information only. For further details and specific information, please refer to the Policy whose terms and conditions, exceptions, clauses and warranties are applicable to this insurance.*
3. *The Policy holder shall keep a record of all information including copies of letters supplied to the insurers for the purpose of entering into the contract. A copy of the completed Proposal Form will be supplied to the Proposer on request after its completion*