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 Schottegatweg O. 163  
 Cerrito, Curaçao, N.A.  
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**PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM  
 · ATTORNEYS & BARRISTERS ·**

**In completing the Proposal Form please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.**

**IMPORTANT NOTICE CONCERNING DISCLOSURE**

It is your duty to disclose all material facts to Underwriters.

A material fact is one that is likely to influence an Underwriter’s judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

1. (a) Name of Proposer: .....
- .....
- (b) Address: .....
- .....
- .....
- .....
- (c) Telephone No./Fax No.:: .....
- (d) Email address: .....
  
2. Countries in which you have a branch or representative office: .....
- .....
  
3. Full name of Principals: .....
- .....
- .....



- F. Patent Work F. ....%
- G. Marine litigation G. ....%
- H. Criminal litigation H. ....%
- I. Other litigation I. ....%
- J. All other work - please describe and give approximate breakdown by Fee income. J. ....%

**Claims and Circumstances**

*A dash or reference to previous proposal forms will not suffice.*

Where a practice has dissolved and the proposing practice is successor to the whole or part of the original practice details should also be given of claims against the original practice in which partners of the proposing practice were principals.

|       |           |
|-------|-----------|
| None* | As below* |
|-------|-----------|

6. Claims and Circumstances already reported during the past six years. Please provide a brief report on any matter(s).

| Year Claim Made | Claimant's Name | Category (E.g. - Conveyancing, Matrimonial Landlord & Tenant) | Payment/Reserve or Quantum of Claim |
|-----------------|-----------------|---|-------------------------------------|
|                 |                 |   |                                     |
|                 |                 |   |                                     |
|                 |                 |   |                                     |
|                 |                 |   |                                     |
|                 |                 |   |                                     |

7. Claims and Circumstances known but not yet reported. Please give details of all such claims and circumstances which may give rise to a claim.

| Year Claim Made | Claimant's Name | Category (E.g. - Conveyancing, Matrimonial Landlord & Tenant) | Payment/Reserve or Quantum of Claim |
|-----------------|-----------------|---|-------------------------------------|
|                 |                 |   |                                     |
|                 |                 |   |                                     |
|                 |                 |   |                                     |
|                 |                 |   |                                     |
|                 |                 |   |                                     |

\*Tick which ever applies

8. Cover:-  
Quotations required for: (a) .....  
(b) .....

9. Do you currently carry Professional Indemnity Insurance? Yes  No

**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.**

**Declaration**

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I/We undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

**Signed by Principal/Partner**

Name (Please print) .....

Signature ..... Date .....