



**NATIONAL INSURANCE CORPORATION  
OF TANZANIA LIMITED**  
P.O. BOX 9264 DAR ES SALAAM  
TEL. 2113823/29 FAX NO. 113403 TELEX NO. 41146

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**PROFESSIONAL INDEMNITY INSURANCE  
PROPOSAL FORM**

1. Name and address of the Proposer .....

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Tel. No: ..... Fax ..... Telex .....

2. Title of Practice .....

3. Profession of Practice .....

4. Date of Commencement of Practice .....

5. Particulars of the partners in the practice

NAME	QUALIFICATION	DATE QUALIFIED	HOW LONG PRACTISING IN THE FIRM

6. Location of the business office(s) or premises

Plot No: ..... Street..... Town:.....

.....

.....

7. Have you ever had a proposal or renewal in relation to the risks proposed for Insurance declined or special terms applied? .....

8. Are you now or have you ever been insured for these risks? If so which insurer(s).....
9. Have any claim ever been made against you? If so give particulars  
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.....  
.....
10. Is there any circumstance which you or your partner are aware which is likely to give rise to a claim against you? If so give particulars  
.....  
.....
11. Do you require to extend cover to include the following risks?  
i) Public Liability? If so state the limit of Indemnity  
.....  
ii) Employers Liability? If so state the estimated annual wage bill for all of your employees.....  
.....
12. Period of Insurance: From:..... To:.....
13. Amount of Indemnity required:.....

Declaration:

I/We hereby declare that the above statements and particulars are true and that I/We have not suppressed or misstated any material facts and I/We agree that this Proposal form shall be the basis of contact with the National Insurance Corporation (T) Ltd.

SIGNATURE ..... DATE .....