

Name of the agent: _____

For the sake of avoidance of doubt it is emphasised that completing this form is to enable Cooper Ninve Insurance Agency Ltd. to consider the possibility of providing a quotation for the insurance cover requested only and does not constitute confirmation of the cover required.

We hereby apply to Cooper Ninve Insurance Agency Ltd. (hereinafter: "the coverholder") with a request to provide us with a quotation for the insurance cover.

Hereunder is the information you have requested.

All amounts should be stated in New Israeli Shekels.

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY INSURANCE

1. Name of the business requesting a quotation for the insurance (hereinafter: "the proposer" and/or the business") _____

2. Public company Private company Sole trader Registered partnership Other
(please specify) _____

3. I.D. number / company registration no. _____

4. Are there are any other persons / entities involved the business that need to be included as additional insureds under the policy Yes No

If yes, please state their full names, I.D. numbers / company numbers and the connection with the proposer _____

5. A. Date of establishment of the business: _____

B. In the last five years, has the name of the business been changed and/or has the business been purchased and/or amalgamated with any other business? Yes No

If yes, please provide details _____

C. Have you operated the aforementioned business or any of its activities under any other name?

Yes No

If yes, please provide details _____

6. Full address of the business:

If the business operates from more than one address, please state the other addresses:

7. Period of insurance required:

From: _____ to _____

8. Limits of liability required:

A. NIS _____ per claim

B. NIS _____ in the aggregate for the period of insurance

9. Description of the business and activities of the proposer

(Please attach a company profile / brochure / internet site link if applicable): _____

10. Does the proposer perform any work outside of Israel? Yes No

If yes, please state the type of work performed outside of Israel _____

11. **Number of staff**

A. Partners / owners of the business of the proposer

<u>Name</u>	<u>Description (Please attach diploma)</u>	<u>No. of years' experience</u>

B. **Salaried employees of the proposer** (meaning anyone who receives payment from the proposer by way of a pay slip)

Number of professional staff: _____

Number of non-professional staff: _____

C. **Employees of the proposer who are not paid directly by the proposer** (meaning freelancers, manpower company staff and the like)

Number of professional staff: _____

Number of non-professional staff: _____

12. **Subcontractors:**

Does the proposer operate via any subcontractors? Yes No

If yes, please provide details: _____

(1) How many subcontractors do you work with? _____

(2) What activities are performed via subcontractors? _____

(3) Are the subcontractors permanent or ad-hoc? Permanent Ad-hoc

(4) Do the subcontractors hold separate insurance which also covers their work for the proposer?

Yes No

Please state the total payments to subcontractors in the last financial year NIS _____

13. **Fee income / turnover**

Please complete in NIS thousands:

<u>Total</u>	<u>Last year</u>	<u>Current year</u>	<u>Estimate for next year</u>
Israel	NIS	NIS	NIS
Rest of the world excluding U.S.A. and Canada	NIS	NIS	NIS
U.S.A. and Canada	NIS	NIS	NIS
Total income	NIS	NIS	NIS

14. **Previous insurance history and claims experience**

- A. In the last five years, has the proposer **continually and uninterruptedly** held any insurance of the type requested in this proposal form? Yes No

If yes, please state the name of the insurer, the limits of liability and periods of insurance _____

- B. In the last five years, have any claims been made against the proposer and/or any current and/or previous partner and/or any previous or current employee in connection with their work in the business? Yes No

If yes, please provide full details and attach any documents available _____

- C. In the last five years, have any circumstances occurred which could possibly lead to a claim being made against the proposer and/or any current and/or previous partner and/or previous or current employee in connection with their work in the business? Yes No

If yes, please provide full details and attach any documents available _____

If your proposal for the insurance cover is accepted, you may be asked to provide a documented claims experience from your previous insurers before inception of the insurance.

- D. Is the proposer and/or any current partner and/or senior employee in the business aware of any claims and/or circumstances which could lead to a claim against the business and/or any current and/or previous partner and/or current and/or previous employee in connection with their work in the business? Yes No

If yes, please provide full details and attach any documents available _____

Has any insurer (including the insurer hereon) rejected any proposal for insurance of the type being requested in this proposal form by the proposer and/or any current and/or previous partner in the business? Yes No

If yes, please provide full details _____

Has any insurer (including the insurer hereon) cancelled and/or declined to renew any insurance of the type being requested in this proposal form by the proposer and/or any current and/or previous partner in the business? Yes No

If yes, please provide full details _____

If you have replied “Yes” to question 4 above, please answer questions A-F above in relation to each additional legal entity involved business which the proposer wishes to include as additional insureds under the policy, separately.

15. Declaration of the proposer:

I/we the undersigned, hereby declare that the replies I/we have provided in this proposal form are correct, honest and complete in all respects and that I/we have not intentionally withheld any fact and/or information that could affect the willingness of the insurer to arrange the insurance policy and/or its conditions (hereinafter: “material fact”).

I/we hereby declare that this proposal form has been completed after enquiry with the relevant partners and employees.

I/we hereby declare that I/we are authorised to sign the proposal form in the name of any other additional entity involved in the business that I/we wish to include as additional insureds under the policy and to bind them accordingly.

I/we hereby agree that this proposal form will serve as the basis of any Third Party Liability and/or Employers Liability policy which may be issued by the insurer, if such a policy is issued, and I/we are aware that this proposal form will form an integral part of the policy.

If such a policy is issued, I/we hereby undertake to pay the insurance premium in full and on time.

Stamp and signature of the proposer: _____ Date: _____