



Professional Indemnity Proposal Form

Agency: _____ Policy Number: _____

(Proposer's Name in full): _____

Postal address: _____ Location of all Offices: _____

Profession: _____ Date Established: _____

1. Full name of each Partner or Director, qualifications and when qualified, how long practicing as a director or Partner in the firm, names of firm and name(s) of Firm(s) in which he previously practiced.

Name	Qualifications	When Qualified	How long Practising as a prtner in the firm	Previous Firm(s)and Position

2. Total number of Staff

Staff other than typist, telephonists and messengers

<ol style="list-style-type: none"> 3. <ol style="list-style-type: none"> a) Total number of professionally qualified employees b) Total salaries per annum 	<ol style="list-style-type: none"> a) KShs _____ _____ b) KShs _____ _____
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<p>4. When was the firm established</p>	<p>_____</p>
<p>5. Total indemnity required (exclusive of extensions)</p> <p>a) Per any one event</p> <p>b) In the aggregate during period of insurance</p>	<p>_____</p> <p>a) Kshs _____</p> <p>b) KShs _____</p>
<p>6. What was the gross fee income for the last 3 years</p> <p>a) In the last 12 months</p> <p>b) Previous year</p> <p>c) The year before that</p> <p>If new what is the estimated annual fee</p>	<p>_____</p> <p>a)Kshs. _____</p> <p>b)Kshs. _____</p> <p>c)KShs. _____</p> <p>_____</p> <p>_____</p>
<p>7. Are you prepared to bear an excess each and every claim equal to</p> <p>a) 2 ½ percent of the amount of indemnity ?</p> <p>b) 5 per cent of the amount of indemnity?</p> <p>c) Other? Please Specify</p>	<p>_____</p> <p>a) _____</p> <p>_____</p> <p>b) _____</p> <p>_____</p> <p>c) _____</p> <p>_____</p>
<p>8. Is retroactive cover required ?</p> <p>a) Up to 2 years</p> <p>b) Up to 5 years</p> <p>c) Exceeding 5 years if yes for how many years ?</p> <p>d) Other ? Please specify</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Extensions</p>	
<p>9. If available do the firm require Extension 1 - Libel and slander(Limited to 10% of policy limited of indemnity</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

<p>Extension 2 Partners previous Business</p> <p>a) Incoming Partners</p> <p>b) Outgoing Partners</p> <p>Extension 3 Amendment of Dishonesty Exclusion</p> <p>Extension 4 - Loss of Documents(limited to 10% of the Policy limit of Indemnity)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>10. If Extension 2(b) (Outgoing Partners) is required please give</p> <p>a) Full names of the Former Partners to whom it is to apply and</p> <p>b) Dates when they ceased to be partners in the Firm</p>	<p>a) _____ _____</p> <p>b) _____ _____</p>
<p>11. Is the firm at present or has it the past insured for professional liability risks? If "yes", please state:</p> <p>a) Name of insurers</p> <p>b) Amount of Insurance</p> <p>c) Excess to be borne by firm</p> <p>d) Expiry Date of Policy</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) _____</p>
<p>12. Has any application for insurance of this nature made on behalf of the firm or their predecessors in the business or any of the present Partners ever been declined or has any such insurance ever been cancelled or renewal refused or have special terms been imposed? If so Give full Particulars</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>13. Have any Claims ever been made against the firm or their predecessors in business or any of the present or former Partners? If so please give Full Particulars</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

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<p>14. Are any of the Partners aware of any circumstance which is likely to give rise to a claim against the firm or their predecessors in business or any of the present or former Directors/ Partners? If so, please give full particulars.</p>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

15. Period Of Insurance: From: _____ to _____(both dates inclusive)

I/we hereby declare that the whole of the foregoing statements is true and complete in every respect and that I/We have not concealed any material fact that ought to be known or advised to the insurers and I/We agree that this proposal and declaration shall form the basis of the contract between me /us and the insurers

Name of Firm: _____

Signature By Partners: _____

Date: _____

This Proposal form must be signed by a partner. Signature of the firm does not bind the Firm or the Company to complete the insurance