



**Professional Indemnity Proposal Form**  
**For**  
**ARCHITECTS & TOWN PLANNERS**  
**Part 2 - Additional Information**

1. Discipline in which engaged and in the case of multi-disciplinary practices the percentage of total fees attributable to each profession.

Profession	Percentage of Total Fees
Architects	
Interior Designers	
Project Managers	
Town and Regional Planning	
Other : <i>(Please specify)</i>	

2. STAFF COMPLEMENT

Total number of :

- a) Partners / Principals / Directors \_\_\_\_\_
- b) Qualified Staff \_\_\_\_\_
- c) Draughtsmen \_\_\_\_\_
- d) Trainee Staff \_\_\_\_\_
- e) Other Technical Staff \_\_\_\_\_
- f) All Other Staff \_\_\_\_\_

3. PROFESSIONAL / BUSINESS RELATIONSHIPS

a) Does the Practice or any Partner / Principal / Director have any association with or financial interest in any other Practice / Company / Organisation ?

YES  NO

If YES; please supply full details.

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b) Is the Practice or any Partner / Principal / Director engaged with any other practice or person in a Single Project Partnership ?

YES  NO

If YES; please provide full details.

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c) Is the Practice or any Partner / Principal / Director a member of a Consortium or Group Practice ?

YES  NO

If YES; please provide full details.

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4. Does this Practice undertake any work whatsoever where the "end product" of such work is carried out in territories other than the Republic of Kenya ?

If YES; please give the following details :

Country	Starting Date	Type of Contract	Total Contract Value	Approx. Date of Completion

5. Please state the 5 largest Contracts commenced during the past 6 years.

Starting Date	Type of Contract	Total Contract Value	Approx. Date of Completion

6. When independent or specialist consultants are required for any commission, have you in the past ensured, and will you in the future endeavour to ensure that such consultants are appointed directly by your client.

a) In the past?

YES  NO

b) In the future ?

YES  NO

7. APPLICABLE TO LIMITED COMPANIES ONLY

(i) Do your charges accord with the scales sanctioned by the Professional body in the field in which you are engaged ?

YES  NO

(ii) If *NO*; on what basis do you charge for your services ?

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(iii) PLEASE ATTACH to this Proposal specimens of the FORMS OF AGREEMENT which you ordinarily enter into with your clients.

8. QUOTATIONS REQUIRED

<b>Limit of Indemnity</b>
Kshs.
Kshs.
Kshs.

Do you require one or two reinstatements of the Indemnity during the period of insurance ?

YES  NO

Number of Reinstatements ?

ONE  TWO

9. DEDUCTIBLE (EXCESS)

(The amount carried by the Insured per claim)

<b>Excess</b>
Kshs.
Kshs.
Kshs.

10. FEE INCOME

*(This question must be completed accurately as the figures are used for rating purposes)*

a) Please give gross fees received during the past five years :

Year	Gross Fees	Year	Gross Fees
	Kshs.		Kshs.
	Kshs.		Kshs.
	Kshs.		

b) Please give the estimated fees for the coming 12 months. Kshs. \_\_\_\_\_