



**Professional Indemnity Proposal Form
For
THE LEGAL PROFESSION
Part 2 - Additional Information**

1. STAFF COMPLEMENT

Total number of :

- a) Partners / Principals / Directors _____
- b) Professional Assistants _____
- c) Articled Clerks _____
- d) All Other Staff _____
- e) Total Complement _____

2. NATURE OF THE PRACTICE

2.1 “Attorney, Notary and Conveyancer” is defined in the policy as “including such activities not reserved by law to Attorneys, Notaries and Conveyancers as are generally and legitimately conducted as part of a legal practice”.

Please indicate whether your Practice includes :

a) Insurance, Building Society Agencies, Real Estate, Co-operative Society and similar Commercial Agencies.

YES NO

b) The provision of investment, mortgage or bail bond services.

YES NO

c) The provision of investment advice as distinct from investment services.

YES NO

d) Any other activity not generally engaged in by legal practices in Kenya.

YES NO

If *YES*; and if cover is required in respect thereof, please specify in the space provided, each such activity, indicate the Principal(s) primarily responsible and the approximate contribution of the particular activity to gross annual fee income).

Principal	Activity	Approximate Contribution	Gross Annual Fee Income
		Kshs.	Kshs.
		Kshs.	Kshs.
		Kshs.	Kshs.
		Kshs.	Kshs.

2.2 OUTSIDE KENYA PRACTICE ACTIVITIES

a) Do you or your firm do any business for your Clients in the United States of America, Canada or Australia ?

YES NO

If *YES*; how many visits have been made to USA / Canada / Australia during the last twelve (12) months.

b) How many working days have been spent in USA / Canada / Australia during the past twelve months ?

c) Does the firm or any partner, Director etc. own any assets in the USA / Canada / Australia ?

YES NO

If *YES*; please give full details.

3.1 Have you any agency or inter-partnership arrangements with other Attorneys or firms of Attorneys ?

YES NO

3.2 If YES; have they a similar policy?

YES NO

3.3 If YES; for what Limit of Indemnity ?

Kshs.

4. ATTORNEYS FIDELITY FUND INSURANCE

Please advise the level of cover your firm obtains from the Attorneys Fidelity Fund Professional Indemnity Scheme.

Kshs.

5. QUOTATIONS REQUIRED

Please indicate the Limit of Indemnity required for the following Sections of the Policy.

a)

Limit of Indemnity	
Section 1	Professional Indemnity
Kshs.	any one period of insurance inclusive of costs and expenses.
Kshs.	any one period of insurance inclusive of costs and expenses.
Kshs.	any one period of insurance inclusive of costs and expenses.
Section 2	Misappropriation of Trust Money / Property
Kshs.	any one period of insurance inclusive of costs and expenses.
Kshs.	any one period of insurance inclusive of costs and expenses.
Kshs.	any one period of insurance inclusive of costs and expenses.
Section 3	Investment Advice
	Is this section required ?
	YES <input type="checkbox"/> NO <input type="checkbox"/>

The Fidelity Fund Insurance excludes Investment Advice Cover.

6. FEE INCOME

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

6.1 a) Date of Financial Year End : _____

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

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

c) Please give the estimated fees for the coming 12 months. Kshs. _____

d) Approximate percentage of fees attributable to :

Conveyancing	%	Matrimonial	%
Commercial	%	Patents	%
Probate	%	M.V.A.	%
Criminal	%	National Housing Board	%
		Other (<i>Specify</i>)	%

6.2 In respect of Trust Money, please indicate the amount of Trust Money held at the Financial Year End for the last three years.

Year Ending	Amount of Trust Money
a)	
b)	
c)	

6.3 In respect of Trust Money, at what intervals are the Trust Money balances checked by :

a) an internal audit of one of the Partners ? _____

b) and audit by the firms auditors ? _____