

DOCTORS PROFESSIONAL INDEMNITY RENEWAL DETAILS / DECLARATION FORM

1. Policy Number

2. Doctor's/ Firm Name

Postal Address Postal Code

E-mail Address

Telephone Number

PIN Number

3. Give details of any change in professional qualifications in the last 12 months

4. Number of Principal Partners / Directors _____

5. Number of Qualified Assistants _____

6. Number of All Other Staff _____

7. Are you currently engaged in any additional activity for which you receive payment? YES NO

If YES, please give details

8. Do you currently own partly of wholly any institution that renders medical services? YES NO

If YES, please give details

9. Gross Fees/Earnings Received last Fiscal Year _____

10. Current Fiscal Year (Estimate) _____

11. Gross Fees / Earnings projected next Fiscal Year _____

12. Limit of Liability Required _____

13. Do you require the following extension to basic cover

Dishonesty of Employees	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Libel & Slander	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Loss of Documents	YES <input type="checkbox"/>	NO <input type="checkbox"/>

14. Are you aware of any circumstances or incidents which may result in a claim against you?

If YES, please give details

15 The primary mode of delivery of your policy document and other official documents shall be via email. Kindly provide your email address below.

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Limited:

- i. Collecting, using, disclosing, processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- ii. Collecting and sharing my personal data information in accordance with the privacy policy on its website (<https://www.heritageinsurance.co.ke/>); and
- iii. Transferring my/our personal data to their reinsurers and affiliated companies for purposes of insurance and as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars, and that my/our answers herein are in my/our full knowledge and have been written by me or with my full authority.

I/We hereby agree that this Proposal and Declaration shall form the basis of the contract between me/us and the Heritage Insurance Company Kenya Limited.

Proposer's Signature: _____ Date: _____

No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.