

PROFESSIONAL INDEMNITY PROPOSAL FORM FOR CHARTERED ACCOUNTANTS ETC.

Part 2 - Additional Information

1. STAFF COMPLEMENT

Total number of :

	Name of all Partners	Number
a)	Partners / Principals / Directors	
b)	Professional Staff (Other than (a))	
c)	All Other Staff	
d)	Total Complement	

2. DIVISION OF WORK

Please indicate the approximate percentage of the total income derived from :

	Name of all Partners	Percentage
a)	Audit Fees	%
b)	Accounting and Secretarial	%
c)	Taxation Only	%
d)	Management Consultancy	%
e)	Other Consultancy	%
f)	Share Registration	%
g)	Executors and Trusteeship	%
h)	Voluntary Liquidations	%
i)	Insolvencies, Compulsory Liquidations, Judicial Management & Receiverships	%
j)	Other (Please specify)	

3. COMPANIES THROUGH WHICH PROFESSIONAL SERVICES ARE RENDERED

3.1 DETAILS OF COMPANIES

Name of Company	Directors	Activities	%	Annual Income	
				Of the Company	Accruing to the Insured

3.2 OWNERSHIP

Details of any financial interest in any Company named above of any person other than a nominee of the partners of the Insured.

[Redacted area]

3.3 MANAGEMENT AND CONTROL

Name of Partner responsible for activities of each Company

[Redacted area]

Does any Company employ staff directly ?

Yes No

[Redacted area]

Any functions of the Company exercised exclusively by partners / employees of the Insured ?

[Redacted area]

3.4 CLIENTELE AND CONTRACTUAL RELATIONSHIPS

Does any Company :

(i) offer its services (directly or through the Insured) to persons who are NOT clients of the Insured?

Yes No

(ii) enter into direct contractual relationships with clients ?

Yes No

3.5 OUTSIDE KENYA BUSINESS ACTIVITIES

(i) Do you or your firm do any business for your clients in the United States of America, Canada or any other countries / states governed by their laws ?

Yes No

If YES; how many visits have been made to U.S.A. / Canada or any other countries / states governed by their laws, during the past twelve months ? _____

(ii) How many working days have been spent in U.S.A. /Canada or any other countries / states governed by their laws, during the past twelve months ? _____

4. INTER PARTNERSHIP ARRANGEMENTS

a) Have you any inter-partnership arrangements with other accountants, or firms of accountants ?

Yes No

b) If YES; do these firms carry out work in the name of your firm or vice-versa ?

Yes No

c) Do they have a similar professional indemnity policy and for what Limit of Indemnity ?

Yes No

d) If they carry out work in your name, please submit a declaration from them that their partners are after enquiry not aware of any circumstances which may result in any claim being made in connection with work undertaken on your behalf.

5. QUOTATIONS REQUIRED

Limit Indemnity
Kshs.
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

6. DEDUCTIBLE (EXCESS)
(The amount carried by the Insured per claim)

Excess
Kshs.
Kshs.
Kshs.
Kshs.

7. 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 :

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

- b) Please give the estimated fees for the coming 12 months. Kshs: _____

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 and/or 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 in accordance with the privacy statement on its website (<https://www.heritageinsurance.co.ke/>);
- (iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- (iv) And /Or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and The Heritage Insurance Company Limited.

I/We hereby declare that I have read and understood the provisions of this Form.

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.