

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY - ADVOCATES (Part 2)

SECTION 1 - PERSONAL DETAILS

- a. Full Name of Proposer:
- b. Contact Details: (tel): (fax):
 (mobile): (web):
 (email):
 (postal): (code): (town/ city):
- c. Proposer Pin Number :

SECTION 2 - PROPOSAL DETAILS

1. Total Number of Staff:
2. Please state approximate percentage of briefs attributable to :

	Percentage (%)
Insolvency / Estates	(%)
Criminal	(%)
Commercial	(%)
Civil Liability / Damages	(%)
Commercial Constitutional	(%)
Matrimonial	(%)
Intellectual Property	(%)
Labour	(%)
Other	(%)

3. Please state the approximate percentage of your work which is carried out in :

	Percentage (%)
Chambers	(%)
Court	(%)

4. Quotations Required

Limit of Indemnity	Percentage (%)
Kshs.	any one period of insurance inclusive of costs and expense
Kshs.	any one period of insurance inclusive of costs and expense
Kshs.	any one period of insurance inclusive of costs and expense

Do you require one or two reinstatements of the Indemnity during the period of insurance ? Yes No
 Number of Reinstatements ? One Two

(b) First amount to be borne by the Insured

Excess
Kshs.
Kshs.
Kshs.

5. 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
	Kshs.
	Kshs.
	Kshs.
	Kshs.
	Kshs.

6. b) Please give the estimated fees for the coming 12 months



DECLARATION :

I/We hereby declare that the above statements and particulars contained in Parts 1 & 2 of this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested. I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Proposer's Signature : _____ Date : _____

NB :
IF THIS PROPOSAL IS BEING COMPLETED FOR THE RENEWAL OF AN EXISTING POLICY, PLEASE REMEMBER COVER LAPSES AUTOMATICALLY AT MIDNIGHT ON THE LAST DAY OF YOUR EXPIRING POLICY, UNLESS A WRITTEN EXTENSION NOT LONGER THAN 10 DAYS IS REQUESTED AND HAS BEEN GRANTED FROM INSURERS, OR RENEWAL TERMS HAVE BEEN ACCEPTED.