

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY (PART 1)

SECTION 1 - INSURED DETAILS

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

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|--|--|--|--|--|--|--|--|--|--|
- d. VAT Reg. Number _____
- e. Present Legal Constitution (Mark relevant box below) :
- Sole Practitioner
 - Partnership
 - Incorporated Company
 - Limited Company
 - Close Corporation

SECTION 2 - ADDRESS OF THE PRACTICE

2.1 PRINCIPAL OFFICE

(postal): _____ (code): _____ (town/ city): _____
Partner / Principal In Charge : _____

2.2 SUBSIDIARY OFFICE

(postal): _____ (code): _____ (town/ city): _____
Partner / Principal In Charge : _____

1. This proposal form has been compiled in such a manner as to provide Insurers with as much detail as possible with regard to evaluation of the Insurance requirements. Completion of this form does not bind the Proposer or Insurers to complete the insurance transaction.
2. To assist Insurers in accurately assessing liability for rating purposes, Proposers are requested to answer all the questions with either : Relevant details, "Yes", "No" or "Nil" answers. Where Yes / No answers are required please mark the appropriate box with an "X".
3. Please answer **ALL** questions fully, replies such as "see your records", or "as previously advised" are not acceptable.

If the space provided is insufficient, a separate sheet should be attached.

SECTION 3 - DATE OF COMMENCEMENT OF PRACTICE

- 3.1 As currently constituted : _____
3.2 As initially established : _____

4. DISCIPLINE(S) IN WHICH ENGAGED

5. NAMES AND QUALIFICATIONS OF PRINCIPALS

- i. In the case of Partnerships - Partners
- ii. In the case of Incorporated Companies - Directors
- iii. In the case of Limited Companies - Professionally qualified Directors and Employees
- iv. In the case of Close Corporations - Members

| Name | Qualifications | Date Qualified | How long Principal in this Practice |
|------|----------------|----------------|-------------------------------------|
| | | | |
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6. Have any claims ever been made against the proposed Insured / Partners / Directors / Members or Employees for the type of cover for which you are now applying? If YES; please give details :
- Yes No

7. Are any of the Proposed Insured / Partners / Directors / Members or Employees, AFTER ENQUIRY, aware of any circumstances which would be covered under a policy of this type that may result in any claims or a possible claim being made against them? If YES; please give full details (attach page to the back if necessary).
- Yes No

8. Are you at present or have you in the past been Insured?
If YES; please state :

- a) Name of Insurers
- b) Indemnity Limit
- Excess of Kshs. each and every claim.
- c) Date of Expiry of coverage
- d) Whether Policy includes "Run-Off" Cover
- and if so, for what period

Yes No

9. Is Indemnity to apply to any Principal who has left / retired / died? Yes No

| Name | Qualifications | Date Qualified | How long Principal in this Practice |
|------|----------------|----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

10. For the type of Insurance now being proposed, has any Insurer ever :

- a) Declined Proposal or renewal for this Practice or any Partner / Principal ?
- b) Required an increased premium or imposed special terms ?
- c) Cancelled an Insurance ?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If any answer is YES; please give full details.

11. Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated ?

| | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

12. 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.