

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY - CONSULTING ENGINEERS, QUANTITY & LAND SURVEYORS

1. Discipline in which engaged and in the case of multi-disciplinary practices the percentage of total fees attributable to each profession.
(Please be specific, eg. Consulting Engineers - should distinguish between Civil, Structural, Mechanical, Electrical, Hydraulic, Ventilation and other activities).

Profession : Percentage of Total Fees : %

2. STAFF COMPLEMENT

Total number of :

- a. Partners / Principals / Directors
- b. Qualified Staff
- c. Draughtsmen
- d. Trainee Staff
- e. Other Technical Staff
- f. All other staff
- g. Total Complement

3. PROFESSIONAL / BUSINESS RELATIONSHIPS

- a. Does the Practice or any Partner / Principal / Director have any association with or financial interest in any other Practice / Company / Organisation ? Yes No

If YES; please give full details

- b. Is the practice of any Partner / Principal / Director engaged with any other practice or person in a Single Project Partnership ? Yes No

If YES; please give full details.

c. Is the Practice or any Partner / Principal / Director a member of a Consortium or Group Practice ?

Yes No

If YES; please give full details.

4. Does this Practice undertake any work whatsoever where the “end product” of such work is carried out in territories other than Republic of Kenya ?

Yes No

If YES; please give the following details :

Country	Starting Date	Type of Contract	Total Contract Value (Kshs.)	Approximate Completion

5. Please state the 5 largest contracts commenced during the past 6 years :

Country	Starting Date	Type of Contract	Total Contract Value (Kshs.)	Approximate Completion

6. Please give the approximate percentage applicable to these specified projects as a percentage of the total work which you have carried out during the past 12 months.

(All of these questions must be answered)

No.	Projects	Approximate Percentage (If NONE, state NONE)
a	Feasibility studies, reports, Surveys, etc. (where applicant is not involved in actual design work)	%
b	Bridges and / or Tunnels	%
c	Dams	%
d	Mines	%
e	Harbours or Jetties	%
f	Sewerage Schemes	%
g	Foundations and Underpinning	%
h	Soil Testing	%
i	Water Schemes	%
j	Nuclear or Atomic Projects	%
k	Heating, Ventilating and Air Conditioning	%
l	Chemical, Petro-chemicals and Refineries	%
m	Housing Schemes	%
n	High Rise Buildings	%
o	Schools, Hospitals and Municipal Buildings	%

q	Mechanical Plant and Bulk Handling Equipment (including Silos etc.)	%
r	Other work including any specialist activities not shown above (Please Specify)	%
		%
		%
		100%

6.1 SUPERVISION OF CONSTRUCTION

a	Proportion of work where Firm both designs and supervises the actual construction.	%
b	Proportion of work where Firm provides technical supervision of construction from the design made by other Firms.	%

7. QUOTATION REQUIRED

a) Limit of Indemnity

Value in Kshs.	Starting Date
	any one period of insurance inclusive of costs and expenses.
	any one period of insurance inclusive of costs and expenses.
	any one period of insurance inclusive of costs and expenses.

a) DEDUCTIBLE (EXCESS) - (The amount carried by the Insured per claim)

Value in Kshs.	Starting Date
	each and every claim.
	each and every claim.
	each and every claim..

8. 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.)

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

9. When independent or specialist consultants are required for any commission, have you in the past ensured, and will you in the future endeavour to ensure that such consultants are appointed directly to your client.

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

Yes No

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

Yes No

* The Company must be informed whenever a client requires that you engage or employ consultants.

10. APPLICABLE TO LIMITED COMPANIES ONLY

a) Do your charges accord with the scales sanctioned by the Professional Body in the field in which you are engaged ?

Yes No

b) If NO; on what basis do you charge for your services ?

11. PLEASE ATTACH to this Proposal, specimens of the FORMS OF AGREEMENT which you ordinarily enter into with your clients.

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.