

PROPOSAL FORM FOR MISCELLANEOUS E&O PROFESSIONS - Part 2

1. Describe in detail the nature of your business

2. STAFF COMPLEMENT

Total number of : (a) Partners / Principals / Directors:

(b) All Other Staff

Names of all Directors / Partners	Qualifications	Year Obtained	How long a Director / Partner in Firm	If less than 5 years practical experience in this occupation, please give details of previous occupations.

(c) If Sole Director / Partner, is this a part time occupation ?

Yes No

If YES; please give brief details of present full time occupation.

3. Does the Firm perform work outside Kenya. or work for clients outside Kenya ?
 If YES; please give details, including proportion of fees from this work.

4. Are any major changes in the Firm's activities planned or expected within the next two years ? If YES; please give details.

Yes No

5. Does the Firm use a standard form of contract, agreement or Letter of appointment ?
 If YES; please enclose copies.

Yes No

6. Does the Firm issue any Brochure, Leaflets, Books etc. describing the Firm's services or offering any service or facility ? If YES; please enclose copies

Yes No

7. Is any work put out to sub-contractors ?

Yes No

(a) Does the firm require sub-contractors to carry Professional Indemnity insurance and for what Limits of Indemnity ? Yes No Kshs.

(b) What percentage of the Firms' fees is paid to sub-contractors ?

8. Is the Firm or any of the Directors / Partners connected or associated (financially or otherwise) with any other Firm, Company Organisation ?

Yes No

If YES; please give full details.

9. QUOTATIONS REQUIRED

	Limit of Indemnity (Kshs.)

(a) Do you require one or two reinstatements of the Indemnity during the period of insurance ? Yes No

(b) Number of Reinstatements ? One Two

10. DEDUCTIBLE (EXCESS)

(The amount carried by the Insured per claim)

	Excess (Kshs.)

11. 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.

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.