

PROFESSIONAL INDEMNITY PROPOSAL FORM FOR ESTATE AGENTS / VALUERS PART 2 - ADDITIONAL INFORMATION

1. DESCRIPTION OF BUSINESS

Please state the percentage of income for each of the following activities :

Gross Fees	Year
Estate Agency	%
Building Society Agency	%
Surveys	%
Valuations	%
Estate / Property Management	%
Sectional Title Administrators	%
Rent Collecting	%
Quantity Surveying	%
Auctioning	%
Architectural / Design & Planning Work	%
Loss Assessors & Adjusters	%
Insurance Agents without Binding Authority	%
Insurance Broking with Binding Authority to issue Cover Notes and/or Certificate etc., or haveclaims settlement authorities on behalf of Insurers	%
Project Managers (Please supply details of this work)	%
Mortgage Broking	%

2. STAFF COMPLEMENT

Total number of :

i) Full Time Staff (Excluding Partners)

ii) Permanent / Part Time Staff

Name of all Partners	Qualifications	Year Obtained	How long a Partner in Firm

3. Have any claims ever been made against you, your Firm or their predecessors in business individually or otherwise, in respect of liabilities to be covered by the Proposed insurance Yes No
If YES; please give full details.

4. Does the Firm employ any Independent Surveyor / Architect NOT being a Partner or Member of the Insured's staff for whom cover is required? Yes No

If YES; please state :

Name	Qualifications	Date Qualified

5. Retired / Deceased Partners for whom cover is required, and date they ceased practising :

Retired / Deceased Partners	Date Ceased Practising

6. Do you operate in any country other than Kenya? Yes No
If YES; where and to what extent.

7. Is the Firm a member of a Professional Association ? Yes No
If YES; please give details.

8. Do you undertake Valuations ? Yes No

9. (a) What system is in force to prevent time limits under Rent Act or Landlord and Tenant Act being overlooked ?

(b) Is any system in force to ensure that the provisions in respect of (a) above is followed by members of Staff (e.g. how often does Senior Partner / Principal check that the system is being properly implemented ?)

10. OPTIONAL EXTENSIONS

Replacement of Document Loss Yes No
 Dishonesty of Employees Yes No

11. QUOTATION REQUIRED

a)

	Limit of Indemnity
i	
ii	
iii	

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

b)

	Excess
i	
ii	
iii	

12. 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

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

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Limited:

- i. Collecting, using, disclosing, 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 information in accordance with the privacy policy on its website (<https://www.heritageinsurance.co.ke/>): and
- iii. Transferring my/our personal data to their reinsurers and affiliated companies for purposes of insurance and as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars, and that my/our answers herein are in my/our full knowledge and have been written by me or with my full authority. I/We hereby agree that this Proposal and Declaration shall form the basis of the contract between me/us and the Heritage Insurance Company Kenya Limited.

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.