

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 have claims 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 |
|----------------------|----------------|---------------|----------------------------|
| | | | |
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| | | | |
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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.

[Redacted area for question 3]

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.

[Redacted area for question 6]

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

[Redacted area for question 7]

8. Do you undertake Valuations ? Yes No

[Redacted area for question 8]

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

[Redacted area for question 9(a)]

- (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 ?)

[Redacted area for question 9(b)]

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 and/or 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 in accordance with the privacy statement on its website (<https://www.heritageinsurance.co.ke/>);
- (iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- (iv) And/or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and The Heritage Insurance Company Limited.

I/We hereby declare the truth and correctness of all the statements and particulars entered in this Proposal and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

I/we agree that this Declaration shall form the basis of the contract between me/us and the Insurer and I/we agree to abide by the terms and conditions of the Policy to be issued.

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.