

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY (PART 1)

AGENT / BROKER ACCOUNT NO.: POLICY NUMBER

PRESENT LEGAL CONSTITUTION (MARK RELEVANT BOX) :

Sole Practitioner Partnership Incorporated Company Limited Company Close Corporation

SECTION 1

(A) - INDIVIDUAL CUSTOMER DETAILS

i) Full Name of Proposer
(First Name) (Second Name) (Other Names)

Date of Birth Gender M F Marital Status Single Married

Nationality Citizenship

ii) Contact Details: (mobile): (tel):
(email address):
(Postal Address): (Postal code): (town/city):
Residential Address (Physical)

iii) Identification Document *Identification Type* *Identification Number* *Expiry Date*

<input type="checkbox"/> Identity Card	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Passport	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Asylum	<input type="text"/>	<input type="text"/>

(Attach a copy of Identification Document)

iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)

v) Are you Employed ? Yes No OR ii) Self Employed ? Yes No

vi) If employed, state your current employer.

vii) Occupation Sector

viii) Source of Income Salary Business Proceeds Pension (Recipient of Annuity) Rent (Real Estate)
 Non-Income generating dependant

ix) Source of Wealth Legal Settlements Royalties Inheritance Donations
 Winnings Savings Sale of Investments Sale of Property's
(Lottery/Casino/Bettings)
 Rent (Real Estate) Employment Pension Business Proceeds

x) Full Name of Next of Kin Relationship
(Telephone No.):

(B) - ADDRESS OF THE PRACTICE AND THE OTHER DETAILS

i) Period of insurance From To

ii) Trade Name
Legal/Registered Name
Registration Number
Country of Incorporation Country of Parent Company if any

ii) Contact Details (mobile): (tel):
(email address):
(Postal Address): (Postal code): (town/city):

Physical Location

iii) Nature of Business Sector

iv) Income Tax No. (PIN) (Attach a copy of PIN Certificate)

v) Beneficial Owner (Attach CR12)

vi) Source of Income Business Proceeds Rent (Real Estate) Donations Government Funding

vii) Source of Wealth Legal Settlement Royalties Interest Savings

Court Order Sale of Property Sale of Investment

Government Funding Shareholders Contribution

SECTION 2 - ADDRESS OF THE PRACTICE

2.1 PRINCIPAL OFFICE

(Postal Address): (Postal code): (town/city):

Partner / Principal In Charge : _____

2.2 SUBSIDIARY OFFICE

(Postal Address): (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

In the case of Partnerships - Partners

In the case of Incorporated Companies - Directors

In the case of Limited Companies - Professionally qualified Directors and Employees

In the case of Close Corporations - Members

Name	Qualifications	Date Qualified	How Long Principal in this Practise

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? Yes No
 If YES; please give details :

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? Yes No
 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 : _____

9. Is Indemnity to apply to any Principal who left / retired / died? Yes No
 If YES; include details :

Name	Qualifications	Date Qualified	How Long Principal in this Practise

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 ? Yes No
- b) Required an increased premium or imposed special terms ? Yes No
- c) Cancelled an Insurance ? Yes 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 ? Yes No

The primary mode of delivery of your policy document and other official documents shall be via email. Kindly provide your email address below.

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.