

## DOCTORS PROFESSIONAL INDEMNITY RENEWAL DETAILS / DECLARATION FORM

1. Policy Number
2. Doctor's/ Firm Name   
Postal Address  Postal Code   
E-mail Address   
Telephone Number   
PIN Number
3. Give details of any change in professional qualifications in the last 12 months  
\_\_\_\_\_  
\_\_\_\_\_
4. Number of Principal Partners / Directors \_\_\_\_\_
5. Number of Qualified Assistants \_\_\_\_\_
6. Number of All Other Staff \_\_\_\_\_
7. Are you currently engaged in any additional activity for which you receive payment? YES  NO   
If YES, please give details  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you currently own partly of wholly any institution that renders medical services? YES  NO   
If YES, please give details  
\_\_\_\_\_  
\_\_\_\_\_
9. Gross Fees/Earnings Received last Fiscal Year \_\_\_\_\_
10. Current Fiscal Year (Estimate) \_\_\_\_\_
11. Gross Fees / Earnings projected next Fiscal Year \_\_\_\_\_
12. Limit of Liability Required \_\_\_\_\_
13. Do you require the following extension to basic cover  
Dishonesty of Employees YES  NO   
Libel & Slander YES  NO   
Loss of Documents YES  NO
14. Are you aware of any circumstances or incidents which may result in a claim against you?  
If YES, please give details  
\_\_\_\_\_  
\_\_\_\_\_

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

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## 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.