

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY - ARCHITECTS

1. Discipline in which engaged and in the case of multi-disciplinary practices the percentage of total fees attributable to each profession.

Profession	Percentage of Total Fees
Architects	
Interior Designers	
Project Managers	
Town and Regional Planning	
Other : (Please specify)	

2. STAFF COMPLEMENT

Details	No. of Staff
Partners / Principals / Directors	
Qualified Staff	
Draughtsmen	
Trainee Staff	
Other Technical Staff	
All Other Staff	

3. PROFESSIONAL / BUSINESS RELATIONSHIPS

- a) Does the Practice or any Partner / Principal / Director have any association with or financial interest in any other Practice /Company / Organisation ? Yes No

If YES; please supply full details:

- b) Is the Practice or any Partner / Principal / Director engaged with any other practice or person in a Single Project Partnership? Yes No

If YES; please provide full details :

- c) Is the Practice or any Partner / Principal / Director a member of a Consortium or Group Practice ? Yes No

If YES; please provide full details.

4. Does this Practice undertake any work whatsoever where the “end product” of such work is carried out in territories other than Republic of Kenya ? Yes No
 If YES; please give the following details :

Country	Starting Date	Type of Contract	Total Contract Value (Kshs.)	Approximate Completion

5. Please state the 5 largest contracts commenced during the past 6 years :

Country	Starting Date	Type of Contract	Total Contract Value (Kshs.)	Approximate Completion

6. When independent or specialist consultants are required for any commission, have you in the past ensured, and will you in the future endeavour to ensure that such consultants are appointed directly by your client.

a) In the past?

Yes No

b) In the future ?

Yes No

7. **APPLICABLE TO LIMITED COMPANIES ONLY**

a) Do your charges accord with the scales sanctioned by the Professional Body in the field in which you are engaged ?

Yes No

b) If NO; on what basis do you charge for your services ?

8. **QUOTATION REQUIRED**

Limit of Indemnity
Kshs.
Kshs.
Kshs.

Do you require one or two reinstatements of the Indemnity during the period of insurance ?

Yes No

If Yes; Number of Reinstatements ? One Two

9. DEDUCTIBLE (EXCESS)(The amount carried by the Insured per claim)

FEE INCOME
Kshs.
Kshs.
Kshs.

10. 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. _____

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.