

## PROPOSAL FORM FOR PROFESSIONAL INDEMNITY - MISCELLANEOUS E&O PROFESSIONS

AGENT / BROKER  ACCOUNT NO.:  POLICY NUMBER

1. Describe in detail the nature of your business :

2. STAFF COMPLEMENT

Total number of :

(a) Partners / Principals / Directors : \_\_\_\_\_

(b) All Other Staff: \_\_\_\_\_

Names of all Directors / Partners	Qualifications	Year Obtained	How long a Director / Partner in Firm	If less than 5 years practical experience in this occupation, please give details of previous occupations.

(c) If Sole Director / Partner, is this a part time occupation ?

Yes  No

If YES; please give brief details of present full time occupation:

3. Does the Firm perform work outside Kenya or work for clients outside Kenya ?

Yes  No

If YES; please give details, including proportion of fees from this work:

4. Are any major changes in the Firm's activities planned or expected within the next two years ?

Yes  No

If YES; please give details:

5. Does the Firm use a standard form of contract, agreement or Letter of appointment ?

Yes  No

If YES; please enclose copies.

6. Does the Firm issue any Brochure, Leaflets, Books etc. describing the Firm's services or offering any service or facility?

Yes  No

If YES; please enclose copies.

7. Is any work put out to sub-contractors ?  Yes  No  
 (a) Does the firm require sub-contractors to carry Professional Indemnity insurance and for what Limits of Indemnity?  Yes  No Kshs : \_\_\_\_\_

(b) What percentage of the Firms' fees is paid to sub-contractors? \_\_\_\_\_

8. Is the Firm or any of the Directors / Partners connected or associated (financially or otherwise) with any other Firm, Company Organisation?  Yes  No  
 If YES; please give full details:

9. QUOTATIONS REQUIRED

a) Limit of Indemnity

Value in Kshs.	Limit of Indemnity (Kshs)

(a) Do you require one or two reinstatements of the Indemnity during the period of insurance ?  Yes  No

(b) Number of Reinstatements ?  One  Two

10. DEDUCTIBLE (EXCESS)

(The amount carried by the Insured per claim)

Value in Kshs.	Limit of Indemnity (Kshs)

11. 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 : \_\_\_\_\_

12. 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.*