

Professional Indemnity Proposal Form

Part 1 - General Information

1. NAME OF INSURED

1.1 Title of Insured / Practice _____

1.2 P. O. Box _____ Code: _____ Town: _____

1.3 Telephone Number _____ Fax No. _____

1.4 Mobile Number _____

1.5 E-Mail Address _____

1.6 VAT Registration Number _____

1.7 PIN no. _____

1.7 Present Legal Constitution (Mark relevant box below)

Sole Practitioner Partnership Incorporated Company Limited Company Close Corporation

2. ADDRESSES OF PRACTICE

	Address	Partner/Principal in Charge
2.1 Principal Office		
2.2 Subsidiary Office		

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.

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

- i) In the case of Partnerships - Partners ii) In the case of Incorporated Companies - Directors iii) In the case of Limited Companies - Professionally qualified Directors and Employees iv) In the case of Close Corporations - Members

Name	Qualifications	Date Qualified	How long Principal in this Practice

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? YES NO

If YES; please give full details (attach page to the back if necessary).

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 has left / retired / died? YES NO

If YES; please state:

Name	Qualifications	Date Qualified	How long Principal in this Practice

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 NO

b) Required an increased premium or imposed
special terms? YES

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

Part 11 – PROPOSAL DETAILS

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

Please be specific: eg Consulting Engineers – should distinguish between Civil, Structural, Mechanical, Electrical, Hydraulic, Ventilation and other activities

Profession: Percentage of Total fees: %

2. Staff: Total number of:

	Number s
Principals/Partners /Directors	
Qualified Staff	
Draughtsmen	
Trainee Staff	
Other Technical Staff	
All Other Staff	
Total	

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 give full details
-
-
-

b. Is the practice of any Partner/Principal/Director engaged with any other practice or person in a

Single Project Partnership?

YES NO

If Yes, Please give full details

c. Is the practice or any Partner/Principal/Director a member of a Consortium or Group practice?

YES NO

If Yes, Please give full details

4. Does this Practice undertake any work whatsoever is carried out in territories other than Republic of

where the "end product" of such work is Kenya? YES NO

If Yes, Please give the following details

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

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

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

6. When independent or specialist consultants are required for any commission, have you in the past ensured, and will you in 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. QUOTATION REQUIRED

a. Limit of Indemnity

Value in Kes
Kes.
Kes.
Kes.

b. Deductible (Excess) – The amount carried by the Insured per claim

Year	
	Each and every claim
	Each and every claim
	Each and every claim

8. Fee Income

(This question must be completed accurately as the figures are used for rating purposes)

a. Please indicate your gross fees received during the past five years:

Year	Gross Fees
	Kes.

b. Please give the estimated fees for the coming 12 months

9. 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

CONSENT:

I ALLOW YOU TO USE THE DATA HAVE SUPPLIED LIMITED FOR THE PURPOSE OF PROCESSING INSURANCE

YES

NO

DECLARATION

I/We hereby declare that the above statements and particulars contained in Parts 1 & 2 of this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested. I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers.

DATE: _____

SIGNATURE OF PROPOSER

NB:

IF THIS PROPOSAL IS BEING COMPLETED FOR THE RENEWAL OF AN EXISTING POLICY, PLEASE REMEMBER COVER Lapses automatically at midnight on the last day of your expiring policy, unless a written extension not longer than 10 days is requested and has been granted from insurers, or renewal terms have been accepted.