

Professional Indemnity Insurance Proposal Form

(For Accountants / Auditors)

Insured / Practice Details

- Title of Insured / Practice:
 - P.O. Box: Postal Code: Town:
 - Fax Number:
 - VAT Registration Number:
 - PIN Number:
 - Legal Constitution: ☐ Sole Proprietor ☐ Partnership ☐ Limited Company
☐ Other
 - Principal Office Address:
 - Subsidiary Office Address:
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Commencement Information

- Date of Commencement (Current): ____ / ____ / ____
 - Date of Commencement (Initial): ____ / ____ / ____
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Practice Information

- Disciplines Engaged In:
- Names and Qualifications of Principals:
 1.
 2.
 3.

(Attach additional sheet if needed)

Claims History

- Have you ever had a claim under Professional Indemnity? ☐ Yes ☐ No
 - If **Yes**, give details:
 - Are you aware of any circumstances that might give rise to a claim? ☐ Yes ☐ No
 - If **Yes**, provide details:
 - Present / Past Insurance held? ☐ Yes ☐ No
 - If **Yes**, provide details:
 - Indemnity required for retired or left principals? ☐ Yes ☐ No
 - If **Yes**, provide details:
 - Ever declined, cancelled, or had special terms imposed by an insurer? ☐ Yes ☐ No
 - If **Yes**, provide details:
 - Liability for undiscovered claims (Run-Off Cover)? ☐ Yes ☐ No
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Staff Information

- **Total Number of Staff:**
 - **Staff Breakdown (e.g., Principals, Qualified Staff, Clerical):**
 - Principals:
 - Qualified Staff:
 - Clerical:
-

Practice Activities

- **Percentage of Briefs by Type:**

- o Audit: %
 - o Taxation: %
 - o Consultancy: %
 - o Other: %
 - **Percentage of Work Location:**
 - o Chambers: %
 - o Court: %
 - o Other: %
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Indemnity Requirements

- **Indemnity Limits Required:** Ksh
 - **Fee Income (Last 3 Years):**
 - o Year 1: Ksh
 - o Year 2: Ksh
 - o Year 3: Ksh
 - **Estimated Fee Income (Next 12 Months):** Ksh
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Extensions to Basic Cover (*tick as applicable*)

- ☐ Loss of Documents
 - ☐ Dishonesty of Employees
 - ☐ Libel and Slander
 - **Extension Limits (if any):**
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Consent for Data Processing

☐ I consent to the collection and processing of my personal and firm data for insurance purposes.

Declaration

I/We declare that the above statements and particulars are true and complete.

Signature of Proposer:

Date: ____ / ____ / ____

Budget & Coverage

- **Budget Range (KES):** ☐ Below 100,000 ☐ 100,000–500,000 ☐ 500,000+
 - **Coverage Period:** ☐ 6 Months ☐ 1 Year ☐ Other: _____
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Additional Details

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