

## 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

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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.

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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).

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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 ☐ ☐ YES ☐ 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.

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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

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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

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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

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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 (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

<b>Value in Kes</b>
Kes.
Kes.
Kes.

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

<b>Year</b>	
	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:

<b>Year</b>	<b>Gross Fees</b>
	Kes.
	Kes.
	Kes.
	Kes.
	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

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CONSENT:

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

☐

YES

☐

NO

DECLARATION
<p>I/We hereby declare that the above statements and particulars contained in Parts 1 &amp; 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.</p> <p>DATE: _____</p> <p style="text-align: right;">SIGNATURE OF PROPOSER _____</p> <p><b><u>NB:</u></b></p> <p><b>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.</b></p>