

# **Professional Indemnity Insurance Proposal Form**

*(For Accountants / Auditors)*

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## **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)

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## 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: .....
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## 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.

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### **Declaration**

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

**Signature of Proposer:** .....

**Date:** \_\_ / \_\_ / \_\_\_\_

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### **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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