



FIRST ASSURANCE COMPANY LTD

- **HEAD OFFICE** - First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya
Tel: 254-020-567374/577737 Cell: 0722-444117/0733-605480 Fax: 567433/572204 Email: hoinfo@firstassurance.co.ke, www.firstassurance.co.ke
- **MOMBASA BRANCH** - First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya
Tel: 254-041-476494/476495, Fax: 254-041-476495 Email: msainfo@firstassurance.co.ke

PROFESSIONAL INDEMNITY PROPOSAL FORM

MISCELLANEOUS ACTIVITIES

1. Full title of Proposer and subsidiary Companies to be included in the insurance (hereinafter referred to as "the Proposer")

FEKAN HOWELL LLP

2. Please give a detailed description of the activities of the business to be covered.

AUDIT, TAX AND ADVISORY SERVICES (CERTIFIED PUBLIC ACCOUNTANTS)

3. Is any radical change in the type of activities anticipated in the next 12 months?

If yes, please give details: -

Yes ☐

No ☒

4. When was the business established and did the present business take over and/or purchase any other business?

4TH AUGUST 2020

5. a) What was the Proposer's total turnover over the past three years?

i)	Year.....2021	Amt.....14m
ii)	Year.....2022	Amt.....52m
iii)	Year.....2023	Amt.....74m
iv)	For the forthcoming 12 months	Amt.....100m



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b) If business comprises more than one activity or discipline, indicate percentage of turnover applicable to each.

2023: AUDIT & ASSURANCE - 23%
TAX SERVICES - 46%
ADVISORY SERVICES - 31%

c) Please define "turnover" (i.e. does it comprise fees, or commissions or any other?)

FEES & DISBURSEMENTS

6. Please give details of all Directors/Partners and Key Personnel:

Name	Position	Qualifications
NICHOLAS KATHARI	MANAGING PARTNER	MBA, Bcom, CPA(K), CPS
FELIX KARIUKI	PARTNER	MBA, BA, CPA(K), CPS
PATRICK MURIGI	PARTNER	MBA, Bcom, CPA(K), PGD-Corp Governance

7. Number of staff not included in (6) above employed by the Proposer in the past 12 months (indicate according to employment category)

7



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[Handwritten signature]

8. Do you engage the services of independent or specialist consultants?

Yes ☒ No ☐

If yes, please give full details and whether you have and/or will either ensure they have professional indemnity insurance for at least the amount of this proposal or have or will ensure that such consultants are engaged directly by your client.

THEY SHOULD BE COVERED UNDER THIS COVER

9. Please give details of any claims settled or outstanding or compromise settlements arising from any breach of duty whether insured or not.

NONE

10. Is the Proposer aware of any circumstances, which may give rise to a claim?

Yes ☐ No ☒



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If yes, please give full details.

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11. a) Have you previously been insured? Yes ☒ No ☐

If yes, with whom?

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- b) Has any proposal for insurance ever been declined? Yes ☐ No ☒

- c) Has any insurer ever required: -

- i) Increased Premium or terms? Yes ☐ No ☒

- ii) Special restrictions or conditions? Yes ☐ No ☒

- d) Has any Insurer ever terminated or refused to renew any insurance?

Yes ☐ No ☒

If the answer to any of the above is Yes, please give details:

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12. Indemnity and Excess required.

Indemnity: KSHs. 100,000,000

Excess: KSHs. 200,000

THE AMOUNT OF INDEMNITY EFFECTED PROVIDES PROTECTION IN THE AGGREGATE DURING ANY ONE YEAR AND IS NOT AN AMOUNT OF INDEMNITY PROVIDED FOR EACH AND EVERY CLAIM.

13. Certain expenses and liabilities are excluded from the cover and may be covered at an additional premium.

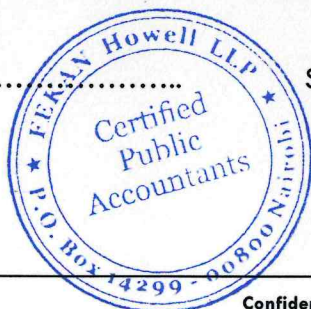
Do you require cover for: -

- | | | |
|---|---|-----------------------------|
| i) Defamation? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| ii) Loss of documents? (Legal liability only) | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| iii) Retroactive errors and omissions? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

DECLARATION

I/We declare that the statements and particulars on this Proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this Proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon.

DATE: 11/07/2024



SIGNATURE

Victor Mwangi