



OCCIDENTAL INSURANCE COMPANY LIMITED
Crescent Business Centre, 7th Floor, Parklands Road,
Parklands, P. O. Box 39459 - 00623, Nairobi, Kenya,
Tel: 0709-896000, 020-2362602, 0734-600485.
E-Mail: enquiries@occidental-ins.com
Website: www.occidental-ins.com

All questions must be answered in full. Please use BLOCK letters or tick as appropriate

1. Full Name of Proposer
STAR DISCOVER INSURANCE LIMITED
2. Business Address of Proposer
INSURANCE COMPANY
3. Professional qualifications of the Proposer
IRA LICENCED
4. If a firm, state the qualifications of all the partners or directors.
 1. ANNE MAKORI - ADVOCATE & BANKER
 2. DA. LAWRENCE TANUI - ACCOUNTANT
5. Name or style of Proposer's businesses
(Please give full details of the nature of work carried on,)
INSURANCE BUSINESS
6. How many persons are in your employment?
 - a. Qualified Assistants,
 - b. Clerks,
 - c. Typist Office Assistants and Others,
7. How long has the business been established and for how long has it been under your control or under the control of one or more of the present partners or directors?
SEPTEMBER 2021
8. How long have you and each of the partners or directors practiced as principals?
ONE YEAR
9. Has any claim been made against you or any partner, director or member of your staff for neglect, omission or error in relation to professional duties?
If so, please give details including date and cost of each claim
NO
10. Have you within the past twelve months discharged or do contemplate the discharge of any member of the staff, on account of any omission, error or the like?
If so, please give full details
NO
11. Are you aware of any neglect, omission, error or the existence of any circumstance which might give rise to a claim?
NO
12. Has any proposal for Instance of the risk been made previously insured?
If so, state with what Insurers, and whether such proposal or renewal has been declined or increased rate required?

13. State limits of indemnity required for any one incident and any one period of insurance:

- i) Any One Incident: ~~250,000,000~~ /- 300 Million
ii) Any One Period of Insurance: ~~250,000,000~~ 300 Million

14. State the total amount of annual wages payable to your staff

15. Insurance to commence from ...11/7/24..... to ...10/6/2025.....

I/We desire to Insure with Occidental Insurance Company Limited in respect of professional Indemnity Risks. I / We warrant that the above statements are true and complete and nothing materially affecting the risk has been concealed by me / us, and I / we agree to render at the end of each period of insurance a statement in the form required, and to pay premium on any amounts in excess of the estimates upon which premium has been based.

And I / we further agree that this proposal shall be incorporated in and taken of the proposed contract between me / us and Occidental Insurance Company Limited, and I / we agree to accept a policy in the company's usual form for this class of insurance.

Date: 7/10/2024

Signature:

