

Nairobi
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 Tel: 2862000
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Mombasa
 Apollo Court
 Moi Avenue
 P O Box 81821
 Mombasa 80100
 Tel: 227506
 Fax: 225661

Nakuru
 Giddo Plaza
 George Morara Rd
 P O Box 12632
 Nakuru 20100
 Tel: 213412
 Tel: 213449

Nyeri
 Sohan Plaza, 3rd Flr
 Kimathi Wing
 P O Box 2443
 Nyeri 10100
 Tel: 30332
 Fax: 30332

Kisumu
 Al-Imran Plaza, 2nd Flr
 Oginga Odinga St
 P O Box 737
 Kisumu 40100
 Tel: 44822



PROPOSAL FORM FOR PROFESSIONAL INDEMNITY INSURANCE

AGENCY: _____

PROPOSER'S NAME (IN FULL) _____

ADDRESS OF ALL OFFICES: _____

PROFESSION: _____ **DATE ESTABLISHED:** _____

1. Full name of each Partner, qualifications and when qualified, how long practising as a Partner in the Firm and name(s) of Firm(s) in which he previously practised.

Name	Qualifications	When Qualified	How long practising as a Partner in the Firm	Previous Firm(s)

2. Total numbers of Partners and Staff:

<p>a) Partners</p> <p>b) Staff other than Typist, Telephonists & Messengers</p> <p>c) Typists, Telephonists and Messengers</p>		<p>a)</p> <p>b)</p> <p>c)</p>
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<p>3. a) Total number of professionally qualified employees</p> <p>b) Total salaries per annum</p>	<p>Kshs.</p>
<p>4. When was the Firm established?</p>	
<p>5. Total indemnity required (Inclusive of any extensions)</p> <p>a) per any one event</p> <p>b) in the aggregate during period of Insurance</p>	<p>a)</p> <p>b)</p>
<p>6. What was the Gross Fee Income</p> <p>a) in the last 12 months?</p> <p>b) in the 12 months before that?</p>	<p>a)</p> <p>b)</p>
<p>7. Are you prepared to bear an excess each and every claim equal to:</p> <p>a) 2½ %</p> <p>b) 5% of the amount of indemnity</p>	<p>a)</p> <p>b)</p>
<p>8. Is retroactive cover required?</p> <p>a) up to 2 Years</p> <p>b) up to 5 Years</p> <p>c) exceeding 5 Yrs: if 'Yes', for how many years?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Extensions</p>	
<p>9. If available, do the Firms require:-</p> <p>Extension 1 - Libel and slander (Limited to 10%) of Policy Limit of indemnity</p> <p>Extension 2 - Partners' Previous Business</p> <p>a) Incoming Partners</p>	<p>Insert "Yes" or "No"</p> <p>1.</p> <p>2.</p> <p>a)</p>

<p>b) Outgoing Partners</p> <p>Extension 3 - Amendment of Dishonesty Exclusion</p> <p>Extension 4 - Loss of Documents (Limited to 10% of Policy limit of Indemnity)</p>	<p>b)</p> <p>3.</p> <p>4.</p>
<p>If Extension 2 (b) (outgoing Partners) is required, please Give:</p> <p>a) Full names of the former partners to whom it is to apply</p> <p>b) Dates when they ceased to be Partners in the Firm</p>	<p>a)</p> <p>b)</p>
<p>Is the Firm at present or has it in the past insured for Professional liability risks? If "Yes", please state:</p> <p>a) Name of Insurers</p> <p>b) Amount of Insurance</p> <p>c) Excess to be borne by Firm</p> <p>d) Expiry date of policy</p>	<p>Yes <input type="checkbox"/> <input type="checkbox"/></p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p>
<p>Has any application for Insurance of this nature made on behalf of the Firm or their predecessors in business or any of the present Partners ever been declined or has any such Insurance ever been cancelled or renewal refused or have special terms been imposed? If so, please give full particulars.</p>	
<p>Have any claims ever been made against the Firm or their predecessors in business or any of the present or former Partners? If so, please give full particulars.</p>	
<p>Are any of the Partners aware of any circumstances which may give rise to a claim against the Firm or their predecessors in business or any of the present or former Partners? If so, please give full particulars.</p>	
<p>Period of insurance: From: _____ To: _____ (both dates inclusive)</p>	

I/We hereby declare that the whole of the foregoing Statement is true and complete in every respect and that I/We have not concealed any material fact that ought to be known or advised to the Insurers and I/We agree that this proposal and declaration shall form the basis of the contract between me and the Insurers.

Name of Firm.....
Signature by Partner(s).....
Date.....