

PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM



Agency _____ Policy No _____

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 Partners

a) Partners _____

b) Staff other than Typists, Telephonists and Messengers _____

c) Typists, Telephonists, Messengers _____

3. a) Total number of professionally qualified employees _____

b) Total salaries per annum Kshs. _____

4. When was the Firm established ____ / ____ / ____

5. Total indemnity required (inclusive of any extensions)

a) Per any one event _____

b) In the aggregate during period of insurance _____

6. What was the Gross Fee Income

a) In the last 12 months _____

b) In the 12 months before that _____

7. Are you prepared to bear an excess each and every claim equal to:

a) 2.5 per cent _____

b) 5 per cent of the amount indemnity _____

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EXTENSIONS

8. If available, do the Firm require-

Extension 1 – Libel and Slander (Limited to 10% of Policy Limit of Indemnity) Yes No

Extension 2 – Partners’ Previous Business

a) Incoming Partners Yes No

b) Outgoing Partners Yes No

Extension 3 – Amendment of Dishonesty Exclusion 3. Yes No

Extension 4-Loss of Documents (Limited to 10% of Policy Limit of Indemnity) Yes No

9. If Extension 2(b) (Outgoing Partners) is required please give

a) Full Names of the former Partners to whom it is to apply _____ and

b) Dates when they ceased to be Partners in the Firm ____/____/____

10. Is the Firm at present or has it in the past insured for professional liability risks? If “yes” please state

Yes No _____

11. 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 cancelled or renewal refused or have special terms been imposed? If so please give full particulars Yes No

12. 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. Yes No

13. Are any of the Partners aware of any circumstance which is likely to 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. Yes No _____

14. Period of insurance from ____/____/____ To ____/____/____ (both dates inclusive)

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/us and the Insurers.

Name Of Firm: _____

*Signature By Partner(S) _____

Date: ____/____/____

*This Proposal Form must be signed by a Partner. Signature of the Form does not bind the Firm or the Company to complete the Insurance.