Heritage
Insurance Company
A member of LIBERTY

The Heritage Insurance Company Kenya Limited
Liberty House, Mamlaka Road
P.O. Box 30390-00100, Nairobi, Kenya
(t) +254 20 278 3000 *(f)* +254 20 272 7800
(m) 0711 039 000, 0734 101 000
(e) info@heritage.co.ke
(w) www.heritageinsurance.co.ke

Doctors Professional Indemnity Renewal Details / Declaration Form

1. Policy Number
2. Doctor's/ Firm Name

Postal Address Postal Code

E-mail Address

Telephone Number

Fax Number PIN Number

3. Give details of any change in professional qualifications in the last 12 months

_____

_____

4. Number of Principal Partners / Directors _____
5. Number of Qualified Assistants _____
6. Number of All Other Staff _____
7. Are you currently engaged in any additional activity for which you receive payment? YES ☐ NO ☐

If YES, please give details

_____

_____

8. Do you currently own partly of wholly any institution that renders medical services? YES ☐ NO ☐

If YES, please give details

_____

_____

9. Gross Fees/Earnings Received last Fiscal Year _____
10. Current Fiscal Year (Estimate) _____
11. Gross Fees / Earnings projected next Fiscal Year _____
12. Limit of Liability Required _____
13. Do you require the following extension to basic cover

Dishonesty of Employees	YES ☐	NO ☐
Libel & Slander	YES ☐	NO ☐
Loss of Documents	YES ☐	NO ☐

14. Are you aware of any circumstances or incidents which may result in a claim against you?

If YES, please give details

_____

_____

I/We hereby declare the truth and correctness of the above statements and particulars and agree that this Declaration shall be held to be promissory and the basis of the contract between me/us and The Heritage Insurance Company Limited.

Signature _____ Date _____

Name _____

Designation _____ STAMP