

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY - ARCHITECTS & TOWN PLANNERS (Part 2)

1. Discipline in which engaged and in the case of multi-disciplinary practices the percentage of total fees attributable to each profession.

Profession	Percentage of Total Fees
Architects	
Interior Designers	
Project Managers	
Town and Regional Planning	
Other : (Please specify)	

2. STAFF COMPLEMENT

Total number of :

- a. Partners / Principals / Directors
- b. Qualified Staff
- c. Draughtsmen
- d. Trainee Staff
- e. Other Technical Staff
- f. All Other Staff

3. PROFESSIONAL / BUSINESS RELATIONSHIPS

- i. Does the Practice or any Partner / Principal / Director have any association with or financial interest in any other Practice /Company / Organisation ? Yes No
 If YES; please supply full details.

- ii. Is the Practice or any Partner / Principal / Director engaged with any other practice or person in a Single Project Partnership ? Yes No
 If YES; please provide full details.

- iii. Is the Practice or any Partner / Principal / Director a member of a Consortium or Group Practice ? Yes No
If YES; please provide full details.

4. Does this Practice undertake any work whatsoever where the “end product” of such work is carried out in territories other than the Republic of Kenya ? Yes No
If YES; please give the following details :

Country	Start Date	Type of Contract	Total Contract Value (Kshs.)	Approx. Date of Completion

5. Please state the 5 largest Contracts commenced during the past 6 years.

Start Date	Type of Contract	Total contract Value (Kshs.)	Approx. Date of Completion

6. When independent or specialist consultants are required for any commission, have you in the past ensured, and will you in the future endeavour to ensure that such consultants are appointed directly by your client.
- a) In the past? Yes No
- b) In the future ? Yes No

7. APPLICABLE TO LIMITED COMPANIES ONLY
- i. Do your charges accord with the scales sanctioned by the Professional body in the field in which you are engaged ? Yes No
- ii. If NO; on what basis do you charge for your services ? Yes No

- iii. If NO; on what basis do you charge for your services ?

8. QUOTATIONS REQUIRED

Limit of Indemnity
Kshs.
Kshs.
Kshs.

Do you require one or two reinstatements of the Indemnity during the period of insurance ?

Yes No

Number of Reinstatements ?

One Two

10. DEDUCTIBLE (EXCESS)(The amount carried by the Insured per claim)

FEE INCOME
Kshs.
Kshs.
Kshs.

11. FEE INCOME

(This question must be completed accurately as the figures are used for rating purposes)

a) Please give gross fees received during the past five years :

Year	Gross Fees
	Kshs.
	Kshs.
	Kshs.
	Kshs.
	Kshs.

b)Please give the estimated fees for the coming 12 months. Kshs

[Redacted]

DECLARATION :

I/We hereby declare that the above statements and particulars contained in Parts 1 & 2 of this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested. I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Proposer's Signature : Date :

NB :
IF THIS PROPOSAL IS BEING COMPLETED FOR THE RENEWAL OF AN EXISTING POLICY, PLEASE REMEMBER COVER LAPSES AUTOMATICALLY AT MIDNIGHT ON THE LAST DAY OF YOUR EXPIRING POLICY, UNLESS A WRITTEN EXTENSION NOT LONGER THAN 10 DAYS IS REQUESTED AND HAS BEEN GRANTED FROM INSURERS, OR RENEWAL TERMS HAVE BEEN ACCEPTED.