

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY - ARCHITECTS

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

Details	No. of Staff
Partners / Principals / Directors	
Qualified Staff	
Draughtsmen	
Trainee Staff	
Other Technical Staff	
All Other Staff	

3. PROFESSIONAL / BUSINESS RELATIONSHIPS

a) 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:

b) 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 :

c) 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 Republic of Kenya ? Yes No

If YES; please give the following details :

Country	Starting Date	Type of Contract	Total Contract Value (Kshs.)	Approximate Completion

5. Please state the 5 largest contracts commenced during the past 6 years :

Country	Starting Date	Type of Contract	Total Contract Value (Kshs.)	Approximate 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**

a) Do your charges accord with the scales sanctioned by the Professional Body in the field in which you are engaged ?

Yes No

b) If NO; on what basis do you charge for your services ?

8. **QUOTATION REQUIRED**

a) Limit of Indemnity

Value in Kshs.	Starting Date
	any one period of insurance inclusive of costs and expenses.
	any one period of insurance inclusive of costs and expenses.
	any one period of insurance inclusive of costs and expenses.

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

Yes No

Number of Reinstatements? _____

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

FEE INCOME
Kshs.
Kshs.
Kshs.

10. 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 (Kshs.)

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

CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Ltd;

- (i) Collecting, using, disclosing and/or processing my/our personal data; and
- (ii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance as permitted by law.

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

Proposer's Signature: _____ Date: _____

No liability (except for the period stated in the Insurer's Official Cover Note) is undertaken until the Proposal is accepted by the Insurer and the premium paid.