

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY - MISCELLANEOUS E&O PROFESSIONS

1. Describe in detail the nature of your business :

2. STAFF COMPLEMENT

Total number of :

(a) Partners / Principals / Directors : _____

(b) All Other Staff : _____

| Names of all Directors / Partners | Qualifications | Year Obtained | How long a Director / Partner in Firm | If less than 5 years practical experience in this occupation, please give details of previous occupations. |
|-----------------------------------|----------------|---------------|---------------------------------------|--|
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(c) If Sole Director / Partner, is this a part time occupation ?

Yes No

If YES; please give brief details of present full time occupation:

3. Does the Firm perform work outside Kenya or work for clients outside Kenya ?

Yes No

If YES; please give details, including proportion of fees from this work:

4. Are any major changes in the Firm's activities planned or expected within the next two years ?

Yes No

If YES; please give details:

5. Does the Firm use a standard form of contract, agreement or Letter of appointment ?

Yes No

If YES; please enclose copies.

6. Does the Firm issue any Brochure, Leaflets, Books etc. describing the Firm's services or offering any service or facility ?

Yes No

If YES; please enclose copies.

7. Is any work put out to sub-contractors ?

Yes No

(a) Does the firm require sub-contractors to carry Professional Indemnity insurance and for what Limits of Indemnity? Yes No Kshs : _____

(b) What percentage of the Firms' fees is paid to sub-contractors? _____

8. Is the Firm or any of the Directors / Partners connected or associated (financially or otherwise) with any other Firm, Company Organisation?

If YES; please give full details:

9. QUOTATIONS REQUIRED

a) Limit of Indemnity

| Value in Kshs. | Limit of Indemnity (Kshs) |
|----------------|---------------------------|
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| | |

(a) Do you require one or two reinstatements of the Indemnity during the period of insurance ? Yes No

(b) Number of Reinstatements ? One Two

10. DEDUCTIBLE (EXCESS)

(The amount carried by the Insured per claim)

| Value in Kshs. | Limit of Indemnity (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.) |
|------|--------------------|
| | |
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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.