

## PROPOSAL FORM FOR PROFESSIONAL INDEMNITY - ADVOCATES ( PART 2 )

1. Total Number of Staff: \_\_\_\_\_

2. Please state approximate percentage of briefs attributable to:

	Percentage (%)
Insolvency / Estates	
Criminal	
Commercial	
Civil Liability / Damages	
Commercial Constitutional	
Matrimonial	
Intellectual Property	
Labour	
Others: (Please specify)	

3. Please state the approximate percentage of your work which is carried out in :

	Percentage (%)
Chambers	
Court	

4. Quotations Required

Limit of Indemnity	Percentage (%)
Kshs.	any one period of insurance inclusive of costs and expense
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a) Do you require one or two reinstatements of the Indemnity during the period of insurance ? If Yes; Number of Reinstatements ?  One  Two

Yes  No

(b) First amount to be borne by the Insured

Excess
Kshs.
Kshs.
Kshs.

5. FEE INCOME (This question must be completed accurately as the figures are used for rating purposes)  
Please give gross fees received during the past five years :

Year	Gross Fees (Kshs.)

6. Please give the estimated fees for the coming 12 months : Kshs\_\_\_\_\_

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### CONSENT & DECLARATION

I/We consent to The Heritage Insurance Company Kenya Limited:

- (i) Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- (ii) Collecting and sharing my personal data in accordance with the privacy statement on its website (<https://www.heritageinsurance.co.ke/>);
- (iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- (iv) And/or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements 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.

I/We hereby declare the truth and correctness of all the statements and particulars entered in this Proposal and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

I/we agree that this Declaration shall form the basis of the contract between me/us and the Insurer and I/we agree to abide by the terms and conditions of the Policy to be issued.

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.