

## 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**

Limit of Indemnity
Kshs.
Kshs.
Kshs.

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

If Yes; Number of Reinstatements ?  One  Two

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 Fees (Kshs.)

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

The primary mode of delivery of your policy document and other official documents shall be via email. Kindly provide your email address below.

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### CONSENT & DECLARATION

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

- i. Collecting, using, disclosing, 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 information in accordance with the privacy policy on its website (<https://www.heritageinsurance.co.ke/>): and
- iii. Transferring my/our personal data to their reinsurers and affiliated companies for purposes of insurance and as permitted by law.

I/We hereby declare the truth and correctness of the above statements and particulars, and that my/our answers herein are in my/our full knowledge and have been written by me or with my full authority.

I/We hereby agree that this Proposal and Declaration shall form 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.*