Heritage
Insurance Company
A member of LIBERTY

The Heritage Insurance Company Kenya Limited
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Doctors Professional Indemnity Renewal Details / Declaration Form

1. Policy Number
2. Doctor's/ Firm Name

   Postal Address   Postal Code

   E-mail Address

   Telephone Number

   Fax Number   PIN Number
3. Give details of any change in professional qualifications in the last 12 months

   ____

   ____
4. Number of Principal Partners / Directors ______________________________
5. Number of Qualified Assistants ______________________________
6. Number of All Other Staff ______________________________
7. Are you currently engaged in any additional activity for which you receive payment? YES ☐ NO ☐

   If YES, please give details

   ____

   ____
8. Do you currently own partly of wholly any institution that renders medical services? YES ☐ NO ☐

   If YES, please give details

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   ____
9. Gross Fees/Earnings Received last Fiscal Year ______________________________
10. Current Fiscal Year (Estimate) ______________________________
11. Gross Fees / Earnings projected next Fiscal Year ______________________________
12. Limit of Liability Required ______________________________
13. Do you require the following extension to basic cover

    Dishonesty of Employees YES ☐ NO ☐

    Libel & Slander YES ☐ NO ☐

    Loss of Documents YES ☐ NO ☐
14. Are you aware of any circumstances or incidents which may result in a claim against you?

    If YES, please give details

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

Signature ______________________________ Date ______________________________

Name ______________________________

Designation ______________________________ STAMP