



ADVOCATES PROFESSIONAL INDEMNITY INSURANCE PROPOSAL

M-PESA Paybill Business No: 100500

Account No. [] Policy No. []

Agency / Broker: []

Period of Insurance: From: [] To: []

INSTRUCTIONS:

- This Proposal form has been compiled in such a manner as to provide Insurers with as much detail as possible with regard to evaluation of the Insurance requirements. Completion of this form does not bind the Proposer or Insurers to complete the insurance transaction.
To assist Insurers in accurately assessing liability for rating purposes, Proposers are requested to answer all the questions with either: Relevant Details, "YES", "NO" or "NIL" answers. Where YES/NO answers are required, please mark the appropriate box with an "X".
Please answer ALL questions fully, replies such as "see your records", or "as previously advised" are not acceptable.
If the space provided is insufficient, a separate sheet should be attached.

SECTION 1: PERSONAL DETAILS

a. Full Name of Proposer: [Surname | Other Names]

b. Contact Details: (tel): [] (fax): []

(mobile): [] (web): []

(email): []

(postal): [] (code): [] (town/city): []

c. Proposer PIN Number: [] ID No. []

d. VAT Registration Number: []

e. Present Legal Constitution: (mark relevant box below)

- [] Sole Practitioner [] Limited Company
[] Partnership [] Close Corporation
[] Incorporated Company

SECTION 2: ADDRESS OF THE PRACTICE:

2.1 PRINCIPAL OFFICE:

(Postal): [] (Code): [] (Town/City): []

(Partner / Principal in charge): []

2.2 SUBSIDIARY OFFICE:

(Postal): [] (Code): [] (Town/City): []

(Partner / Principal in charge): []

SECTION 3: DATE OF COMMENCEMENT OF PRACTICE:

3.1 As currently constituted: []

3.2 As initially established []

4. DISCIPLINE(S) IN WHICH ENGAGED: []

[]

5. NAMES AND QUALIFICATIONS OF PRINCIPALS:

- i. In the case of Partnerships – Partners
- ii. In the case of Incorporated Companies – Directors
- iii. In the case of Limited Companies – Professionally Qualified Directors and Employees
- iv. In the case of Close Corporations – Members

Name	Qualifications	Date Qualified	How long Principal in this Practice

6. Have any claims ever been made against the proposed Insured / Partners / Directors / Members or Employees for the type of cover for which you are now applying? Yes: No:
 If YES, please give details;

7. Are any of the Proposed Insured / Partners / Directors / Members or Employees AFTER ENQUIRY; aware of any circumstances which would be covered under a policy of this type that may result in any claims or a possible claim being made against them? Yes: No:
 If YES, please give full details (attach page to the back if necessary);

8. Are you at present or have you in the past been Insured? Yes: No:
 If YES, please state;

- a) Name of Insurers _____
- b) Indemnity Limit _____
 Excess of KShs. _____ Each and every claim
- c) Date of Expiry of coverage _____
- d) Whether Policy includes "Run-Off" Cover _____
 And if so, for what period _____

9. Is indemnity to apply to any Principal who has left / retired / died? Yes: No:

Name	Qualifications	Date Qualified	How long Principal in this Practice

PROPOSAL DETAILS

1. Total Number of Staff:

2. Please state approximate percentage of briefs attributable to;

	Category	Percentage (%)
a)	Insolvency / Estates	(%)
b)	Criminal	(%)
c)	Commercial	(%)
d)	Civil Liability / Damages	(%)
e)	Commercial / Constitutional	(%)
f)	Matrimonial	(%)
g)	Intellectual Property	(%)
h)	Labour	(%)
i)	Other	(%)

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

		Percentage (%)
a)	Chambers	(%)
b)	Court	(%)

4. Quotations Required;

Limit of Indemnity	Percentage (%)
KShs.	Any one period of Insurance inclusive of costs and expense
KShs.	Any one period of Insurance inclusive of costs and expense
KShs.	Any one period of Insurance inclusive of costs and expense
KShs.	Any one period of Insurance inclusive of costs and expense

Do you require one or two reinstatements of the indemnity during the period of insurance? One: Two:

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)

(a) Please give gross fees received during the past five years;

Year	Gross Fees
	KShs.
	KShs.
	KShs.
	KShs.
	KShs.

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

DECLARATION:

I/We hereby declare that the above statements and particulars are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested. I/We agree that this Proposal and declaration shall be the basis of the Contract between Pioneer General Insurance Co. Limited and myself/ourselves. I/We also agree to accept the Company's Policy applicable to the Insurance.

Signature of Proposer: _____ Date: _____

Liability does not commence until acceptance of the proposal has been intimated or official cover note issued.

NB:

IF THIS PROPOSAL IS BEING COMPLETED FOR THE RENEWAL OF AN EXISTING POLICY, PLEASE REMEMBER COVER LAPSES AUTOMATICALLY AT MIDNIGHT ON THE LAST DAY OF YOUR EXPIRING POLICY, UNLESS A WRITTEN EXTENSION NO LONGER THAN 10 DAYS IS REQUESTED AND HAS BEE GRANTED FROM INSURERS, OR RENEWAL TERMS HAVE BEEN ACCEPTED.