



PROFESSIONAL INDEMNITY; CHARTERED ACCOUNTANTS INSURANCE PROPOSAL FORM

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. STAFF COMPLEMENT

Total Number of;

	Staff	Number
a)	Partners / Principals / Directors	
b)	Professional Staff (Other than (a))	
c)	All Other Staff	
d)	Total Complement	

2. DIVISION OF WORK

Please indicate the approximate percentage of the total income derived from:

	Category	Percentage
a)	Audit Fees	%
b)	Accounting and Secretarial	%
c)	Taxation Only	%
d)	Management Consultancy	%
e)	Other Consultancy	%
f)	Share Registration	%
g)	Executors and Trusteeship	%
h)	Voluntary Liquidation	%
i)	Insolvencies, Compulsory Liquidations, Judicial Management & Receiverships	%
j)	Other (<i>Please specify</i>)	

3. COMPANIES THROUGH WHICH PROFESSIONAL SERVICES ARE RENDERED

3.1 DETAILS OF COMPANIES

Name of Company	Directors	Activities	%	Annual Income	
				Of the Company	Accruing to the Insured

3.2 OWNERSHIP

Details of any Financial Interest in any Company named above of any person other than a nominee of the partners of the insured

3.3 MANAGEMENT AND CONTROL

Name of Partner responsible for activities of each Company

Does any Company employ staff directly?

Yes: No:

Any functions of the Company exercised exclusively by partners / employees of the Insured?

3.4 CLIENTELE AND CONTRACTUAL RELATIONSHIPS

Does any Company:

(i) Offer its services (*directly or through the Insured*) to persons who are NOT clients of the insured?

Yes: No:

(ii) Enter into direct contractual relationships with clients?

Yes: No:

3.5 OUTSIDE KENYA BUSINESS ACTIVITIES

(i) Do you or your Firm do any business for your clients in the United States of America, Canada or any other countries / states governed by their Laws?

Yes: No:

If YES, how many visits have been made to U.S.A. / Canada or any other countries / states governed by their laws, during the past twelve months? ----

(ii) How many working days have been spent in U.S.A. / Canada or any other countries / states governed by their laws, during the past twelve months? ----

4. INTER-PARTNERSHIP ARRANGEMENTS

a) Have you any inter-partnership arrangements with other accountants, or firms of accountants?

Yes: No:

b) If YES, do these Firms carry out work in the name of your Firm or vice-versa?

Yes: No:

c) Do they have a similar professional indemnity policy and for what Limit of Indemnity?

Yes: No:

d) If they carry out work in your name, please submit a declaration from them that their partners are, after enquiry, not aware of any circumstances which may result in any claim being made in connection with work undertaken on your behalf.

5. QUOTATIONS REQUIRED

Limit of Indemnity (KShs.)
KShs.
KShs.
KShs.
KShs.
KShs.

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

(b) Number of reinstatements? One: Two:

6. DEDUCTIBLE (EXCESS):

(The amount carried by the Insured per claim)

Excess (KShs.)
KShs.
KShs.
KShs.
KShs.
KShs.

7. 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:

Gross Fees (KShs.)	Year
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.