

**PROFESSIONAL INDEMNITY
MISC. E & O INSURANCE PROPOSAL**

M-PESA Paybill
Business No: **100500**

Your Security For The Future

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)*

- | | |
|---|--|
| <input type="checkbox"/> Sole Practitioner | <input type="checkbox"/> Limited Company |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Close Corporation |
| <input type="checkbox"/> 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. Describe in detail the nature of your business; _____

2. STAFF COMPLEMENT

Total Number of; (a) Partners / Principals / Directors: _____ Yes: ☐ No: ☐

(b) All Other Staff: _____

Names of all Directors / Partners	Qualifications	Year Obtained	How long a Director / Partner in Firm	If less than 5 years practical experience in this occupation, please give details of previous occupations

(c) If Sole Director / Partner, is this a part time occupation? Yes: ☐ No: ☐
If YES, please give brief details of present full time occupation.

3. Does the Firm perform work outside Kenya, or work for clients outside Kenya? Yes: ☐ No: ☐
If YES, please give details, including proportion of fees from this work.

4. Are any major changes in the Firm's activities planned or expected within the next two years? Yes: ☐ No: ☐
If YES, please give details;

5. Does the firm use a standard form of contract, agreement or Letter of Appointment? Yes: ☐ No: ☐
If YES, please enclose copies

6. Does the Firm issue any Brochure, Leaflets, Books etc. describing the Firm's services or offering any service or facility? Yes: ☐ No: ☐
If YES, please enclose copies.

7. Is any work put out to sub-contractors? Yes: ☐ No: ☐

(a) Does the Firm require sub-contractors to carry Professional Indemnity Insurance and for what Limits of Indemnity? Yes: ☐ No: ☐ KShs. _____

(b) What percentage of the Firm's fees is paid to sub-contractors? _____

8. Is the Firm or any Directors/ Partners connected or associated (*financially or otherwise*) with any other Firm, Company, organization? Yes: ☐ No: ☐
If YES, please give details;

9. QUOTATIONS REQUIRED

	Limit of Indemnity (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: ☐

10. DEDUCTIBLE (EXCESS):

(The amount carried by the Insured per claim)

	Excess (KShs.)

11. 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.

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 BEEN GRANTED FROM INSURERS, OR RENEWAL TERMS HAVE BEEN ACCEPTED.