



Kenindia Assurance Company Limited

(Incorporated in Kenya)

Head Office: Kenindia House, Loita Street

P.O. Box 44372 Nairobi, Kenya. Tel. 333100/337181/337182/337284 Cable Kenindia Telex: 23173 fax 218380

PROPOSAL FORM PROFESSIONAL INDEMNITY

1. Name of the proposer:
2. Business Address of Proposer:
3. Postal Address :
4. Telephone Number:
5. Mobile number:
6. PIN Number:
7. Professional Qualification of the Proposer:
If a Firm, state the qualifications of all :
Partners or directors.
8. Name of Proposers business:
(Please give full details of the nature:
Of work carried on)
9. How many people are in your employment:
a) Qualified Assistants:
b) Clerks :
c) Typists, office Boys and Others:
10. How long has the business been established :
And for how long has it been under your :
Control or under the control of one or more of:
The present partners or Directors? :
11. How long has you and each of the partners :
Or Directors practices as Principles
12. Have any claim been made against you or any:
Partners, directors or members of your staff for
Neglect, omission, or error in relation to
Professional duties? If so, please give details
Including date and cost of each claim.
13. Have you within the past twelve months :
Discharged or contemplate the discharge

Of any member of staff, on count of any
Omission, neglect, error or the like? If so,
Please give full details.

- 14. Are you aware of any neglect omission or:
Error or the existence of any circumstances
Which might give raise to claims
- 15. Has any proposal for insurance of the risk :
Been previously made or has th4e risk been
Previously insured? If so, state with what insurers,
And whether such proposal or renewal has been
Declined or an increased rate required?
- 16. State limits of indemnity required for any:
One incident and any one period of insurance
- 17. State the estimated amount of annual wages:
Payable to your staff
- 18. State the annual amount of annual fees:
- 19. State the name of any professional body or
Trade association of which you are a member
- 20. Insurance to commence from :

PERIOD OF INSURANCE FROMTO

DECLARATION

I\we desire to insure with Kenindia Assurance Company limited in respect of professional indemnity risks I\we warrant that the above statements are true and complete and that nothing materially affecting the risk has been cancelled by me\us, and I\we agree to render at the end of each period of insurance a statement in the form required, and to pay premium on any amount in excess of the estimates upon which premium has been based, and I\WE further agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me\us and the Kenindia Assurances Company Limited, and I\WE agree to accept a policy in the Company's usual form for this class of insurance.

Date

Signature