PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

Agency: _____ Cover Note No.: _____ Policy No.: _____

Account No.: _____ KRA PIN No.: _____

A. THE PROPOSER

1. Full name of proposer(s) (in capitals): _____

   Address: _____ Postal Code: _____

   Email Address: _____

   Telephone No.: _____ Cell Phone No.: _____

2. When was the firm/ company established? _____

3. (a) In which type of profession is the proposer mainly engaged? Give full details:

   _____

   (b) Apart from the above, is there any other professional work which the proposer undertakes? ☐ Yes ☐ No

   If so, give details: _____

4. (a) Does the proposer conduct business from offices other than the above? ☐ Yes ☐ No

   If so, please state the full address of all such offices:

   _____

   _____

   (b) Is there a partner/ director in full-time attendance at every office? ☐ Yes ☐ No

5. Please give the following particulars for each partner/ director:

Full Name	Age	Professional Qualifications	Date Obtained	How Long in Practice as Partner/ Director

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www.cannon.co.ke

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B. PRACTICE AND STAFF

6. (a) What establishment does the proposer maintain to carry on professional work?

_____

(b) Does the proposer engage the services of professionally qualified persons such as chartered accountants, engineers, etc.? ☐ Yes ☐ No

(c) Are they the proposer's full-time employees? Yes No

7. Please state the total number of:

(a) Partners/ directors: _____

(b) Staff other than typists and office assistants (officers, apprentices, articled clerks, etc. should be shown separately):

_____

(c) Typists and office assistants: _____

8. Has the proposer, or have the proposer's predecessors in business, discharged, or is the proposer contemplating the discharge of, any employee for:

(a) Any negligent act, error or omission? ☐ Yes ☐ No

(b) Any dishonest, fraudulent, criminal or malicious conduct? ☐ Yes ☐ No

If so, give details: _____

C. INSURANCE AND CLAIMS HISTORY

9. Is the proposer now, or has the proposer ever been, insured against professional indemnity risks? ☐ Yes ☐ No

If so, state with what company or companies: _____

10. (a) Has anyone made any claim for breach of professional duty against the proposer or the proposer's predecessors in business, or against any partner/ director individually, or has the proposer any reason to suspect that such a claim could be made? ☐ Yes ☐ No

If so, give full particulars:

_____

_____

(b) Particulars of all professional indemnity claims made by the proposer or the proposer's predecessors in business during t

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Year	No. of Events	Name of Insurer	Amount Recovered (KES)	Amount to be Recovered (KES)

11. Is there any other information material to the risk in the proposer's possession? Yes No

If so, give full details:

_____

_____

12. Has any insurer, in respect of any professional indemnity cover:

(a) Declined a proposal from the proposer or from the proposer's predecessors in business? ☐ Yes ☐ No

(b) Cancelled or declined to renew any policy? ☐ Yes ☐ No

(c) Demanded an increased rate? ☐ Yes ☐ No

(d) Required special terms to insure or grant any renewal? ☐ Yes ☐ No

If YES to any of the above, please give details:

_____

_____

D. COVER REQUIRED

13. Amount of indemnity required:

(a) Any one event or series of events arising out of any one cause: _____ KES

(b) All events during the period of insurance: _____ KES

14. State the annual business turnover for the last 3 financial years:

Financial Year	Annual Turnover (KES)

15. What is your estimated annual business turnover for the next financial year? _____ KES

16. Period of insurance required – From: _____ To: _____

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17. Does the proposer wish to extend the policy to cover:

(a) Dishonest, fraudulent, criminal or malicious acts of employees in relation to the proposer's professional work? __ Yes __ No

(b) Loss of or damage to documents? (What will be the greatest value at risk at any one time?) __ Yes __ No

If so:

(i) State the amount to be insured under each extension: _____ KES

(ii) Give details of any claim(s) or loss(es) under the extension(s) required:

_____

_____

E. DECLARATION

I/We hereby declare that the above statements and answers are true and complete and that no material fact has been withheld, misstated or misrepresented, and I/we agree that this proposal and declaration shall be the basis of the contract between me/us and CANNON GENERAL INSURANCE (K) LIMITED, whose standard policy for the insurance proposed is acceptable to me/us.

I/We consent that the data provided can be shared with third parties outside our jurisdiction for the purpose of provision and processing of the insurance.

Place: _____ Date: _____

Signature of Proposer: _____

Important Notes

1. A partner/ director of the firm/ company must sign this proposal form.
2. The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid.

Click to Submit

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