

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY INSURANCE

Agency: C/Note No: Policy No:

A/c No: PIN No:

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?

5. Please give the following particulars for each Partner/Director.

Full Name	Age	Professional Qualifications	Date Obtained	How long in practice as partner/director.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. (a) What establishment does the Proposer maintain to carry on Professional work?

(b) Does the Proposer engage the services of professional qualified Persons such as Chartered Accountants, Engineers, etc?

(c) Are they the Proposer's full time employees?

7. Please state the total number of:-

(a) Partners/Directors

(b) Staff other than typists and office boys (*officers, apprentices, articles, clerks, etc., should be separately shown*).

(c) Typists and office boys

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

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

If so, give details.

9. Is the Proposer now or ever been insured against professional indemnity risks? Yes No

If so, state with what Company or Companies.

10. (a) Has any one 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? If so, give full particulars.

(b) Give below particulars of all professional indemnity claims made by the Proposer or the Proposer's predecessors in business during the past five years

Year	No. of Events	Name of Insurer	Amount recovered Kshs.	Amount to be recovered Kshs.

11. Is there any other informal 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, or
 (b) Cancelled or declined to renew any policy, or
 (c) Demanded an increased rate, or
 (d) Required special terms to insure or grant any renewal

13. Amount of indemnity required:
 (a) Any one event or series of events arising out of any one cause
 (b) All events during the period of Insurance

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

15. What is your estimated annual business turnover next financial year?

16. Period of Insurance required: From Date: To Date:

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?
 (b) Loss 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 Kshs.
 (ii) Give details of any claim(s) or loss(es) under the extensions(s) required

DECLARATION

I/We hereby declare that the above statements and answers are true and complete and that no material fact has been with-held, misstated or misrepresented and that I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and Metropolitan Cannon A ssurance (Kenya) Limited, whose standard policy for the Insurance proposed is acceptable to me/us.

Place:
 Date: Signature of Proposer:

(A Partner/Director of the Firm/Company must sign this Proposal Form).

Note: The liability of the Company does not commence until the proposal has been accepted by the Company and the premium paid.

Cannon General Insurance (K) Limited

† +254 (0)710600272, +254 (0)723342150, +254 (020)3966000 | e info@cannon.co.ke
 a Gateway Park, Block D, Mombasa Road, P.O. Box 30216-00100 Nairobi, Kenya
 www.cannon.co.ke

Regulated by the Insurance Regulatory Authority

