



INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

HEAD OFFICE

Williamson House, 3rd floor, 4th Ngong Avenue, P.O. Box 43241-00100, Nairobi, Kenya.

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Email: info@intraafrica.co.ke

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BRANCH OFFICE

Centre Point House, 2nd floor, Parklands Road, P.O. Box 49884-00100, Nairobi, Kenya.

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PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM.

Agency name: _____

SECTION 1: BUSINESS DETAILS

A. Full name of proposer _____

B. Pin number (please attach copy): _____

C. Certificate of Registration/Incorporation/ID/Passport

(Please Attach copy) _____

D. Contact Details:

Mobile: _____ Email: _____

Postal: _____ Code: _____ Town/City: _____

Web: _____ Fax: _____ Tel: _____

SECTION 2: PROPOSAL DETAILS

Period of insurance: From: _____ To: _____

1. Nature of business/occupation: _____

2. Location of premises

Building _____ Street/Road _____ Plot No _____ Town _____

3. Present Legal Constitution (Mark where Appropriate)

i. Sole Practitioner _____

ii. Partnership _____

iii. Incorporated Company _____

iv. Limited Company _____

4. Names and Qualifications of Principals.

- In the case of partnerships-partners
- In the case of Incorporate Companies-Directors
- In the case of Limited Companies-Professionally qualified Directors and Employees

| Name | Qualifications | Date Qualified | How long principal in this practice |
|------|----------------|----------------|-------------------------------------|
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5. Total number of partners and staff:
 Partners: _____ Staff other than typists, telephonists and messengers: _____
 Annual Salaries: Kshs: _____
6. When was the Firm established: _____
7. What was the Gross Fee Income
- In the last 12 months: _____
 - In the 12 months before that: _____
8. Has any application for indemnity insurance made on behalf of the Firm or any of the present Partners or to the knowledge of the Firm on behalf of their predecessors in business ever been declined or has any such Insurance ever been refused? _____ Yes/No
 If Yes, please give full particulars: _____
9. Have any claims ever been made against the Firm or any of the present partners either individually or Collectively _____ Yes/No
 If Yes, please give particulars: _____
10. Are the Firm or any of the partners aware of any circumstances which may result in any claim being made against the Firm, their predecessors in business or any of the present or past Partners? _____ Yes/No
 If Yes, please give particulars: _____
11. Have you been insured under a Professional Indemnity Insurance during the past 6 years? _____ Yes/No
 If Yes, please give name of underwriters, policy number and dates: _____
12. Is Indemnity to apply to any Principal who has left/ retired/ died? _____ Yes/No

| Name | Qualifications | Date Qualified | How long principal in this practice |
|------|----------------|----------------|-------------------------------------|
| | | | |
| | | | |
| | | | |

13. For the type of Insurance now being proposed, has any insurer ever:
- a. Declined proposal or renewal for this practice or any partner/principal? _____ Yes/No
 - b. Required an increased premium or imposed special terms? _____ Yes/No
 - c. Cancelled an Insurance? _____ Yes/No
- If any answer is Yes, Please give full details:

14. Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at an additional premium to be agreed on? _____ Yes/No
 Amount of Indemnity required: _____

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 me/us and Intra Africa Assurance Company.

Proposer's Signature: _____ Date: _____