



# INTRA AFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

## HEAD OFFICE

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

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Email:[info@intraafrica.co.ke](mailto:info@intraafrica.co.ke)

[www.intraafrica.co.ke](http://www.intraafrica.co.ke)

## BRANCH OFFICE

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

Tel: 020 3743991/955, Fax 020 3743460

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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

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 professional 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
15. Amount of Indemnity required:
- i) Any one claim: Kshs: \_\_\_\_\_
  - ii) Any one event: Kshs: \_\_\_\_\_
  - iii) Any one period: 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 me/us and Intra Africa Assurance Company.

Proposer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_