



Miscellaneous Professional Indemnity Form

Broker / Agent

Important Notes

1. Please answer all questions fully.
2. Questions not relevant to you, please mark as not applicable.
3. If there is insufficient space, please provide details on a separate sheet of paper carrying your letterhead.
4. The answers to these questions will form part of the contract of insurance for which you are applying.
5. A copy of this application form should be retained for your own records.

DETAILS OF APPLICANT

1. Name of Proposer First Name Middle Name Surname

2. Business Address Code Address Location

3. PIN Number Code Number Email

4. Telephone Code Number Mobile Number Code Number

5. Date of Registration D D M M Y Y Y Y

6. Date since the Applicant has continually conducted business:

7. Please provide details of the Principal(s) / Partner(s) / Director(s) of the Applicant:

Name:	Qualifications:	Date Qualified:	Date Commenced:

Please provide curriculum vitae of the Principal/Partners/Directors to support your application.

8. Please state total number of:

Principals / Partners / Directors: Other Technical Staff:

Other Qualified Staff: Administrative / Clerical Staff:

DETAILS OF THE BUSINESS:

9. (a) Has the name of the Applicant ever been changed? Yes No

(b) Has any other business or practice amalgamated or merged with you? Yes No

(c) Have you purchased any other practice or business? Yes No

If yes to any of (a), (b) or (c) above, please provide details:

10. If the Applicant is a sole practitioner what procedures are in place for periods of absence / illness?

11. Please list the Professional / Regulatory bodies, trade associations / societies to which you belong:

INCOME:

12. Please state applicable currency

(a) Please state split of gross income/fees for the following years:

	Past Financial Year	Current Financial Year	Estimate next financial year

(b) Average fee from any one client:

(c) Largest fee from any one client:

ACTIVITIES:

13. Please provide a full description of all your activities identifying the percentage of your income derived from each activity:

If available, please also provide a brochure or risk profile to support your application.

14. Have your activities changed in the past 5 years or do you anticipate any major changes in these activities in the forthcoming 12 months? Yes No

If yes, please provide full details:

CONSULTANTS, SUB-CONTRACTORS OR AGENTS:

15. (a) Do you use the services of Consultants, Sub-Contractors or Agents? Yes No

If yes, do you require them to maintain their own P.I. Insurance? Yes No

If yes, what minimum limit of indemnity do you require them to have?

What percentage of your income relates to Sub-Contracted work?

ASSOCIATED COMPANIES

16. Do any of the Principals, Partners or Directors of the Applicant have any association or financial interest in any other practice, company or organisation? Yes No

If yes, please provide details:

Office procedures:

17. (a) Are satisfactory written references obtained prior to the engagement of any employee responsible for money, accounts or goods? Yes No

(b) Are petty cash and cash in hand checked independently of the employees responsible at least monthly and additionally without warning every six months? Yes No

(c) Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank? Yes No

- (d) Are employees receiving cash and cheques in the course of their duties required to pay in daily? Yes No
- (e) Do all cheques drawn for more than KSHS 25,000 require at least two signatures? Yes No
- (f) Has the Applicant(s) suffered any loss through fraud or dishonesty at any time? Yes No

If yes, please provide details on a separate page including dates, circumstances, amounts involved and steps taken to prevent a recurrence:

- (g) Are all computer records backed-up daily? Yes No
If yes, are these back-up records maintained in an off-site location? Yes No
- (h) Do you use commercially available firewall protection systems to prevent unauthorised access to internal networks and computer systems? Yes No
- (i) Do you use commercially available anti-virus software? Yes No

PREVIOUS INSURANCE:

- 1. Is the Applicant currently insured for Professional Indemnity? Yes No

If yes please state:

Name of Insurer:	
Renewal Date:	
Limit of Indemnity:	
Current Retroactive Date:	
Excess:	
Premium:	

- 2. Has the Applicant ever been refused this type of insurance, had special terms imposed, had claims reduced or declined, or had similar insurance cancelled? Yes No

If yes, please provide full details:

Current requirements:

- 3. (a) What Limit of Indemnity is required?
- (b) What level of deductible/excess is required?
 Kshs. 5,000 Kshs. 10,000 Kshs. 25,000
 Other (please specify):

Claims or circumstances:

- 4. After enquiry, have any claims of a type being the subject of this proposal for insurance ever been made against the Applicant or any subsidiary or any person intended to be covered? Yes No

If yes, please provide full details below including dates, circumstances, cost/estimated cost of claim or loss and steps taken to prevent recurrence.

- 5. After enquiry, is the Applicant or any subsidiary or any person intended to be covered aware of any negligent act, error or omission or any other fact, complaint, circumstance or situation which may be expected to give rise to a claim against the Applicant or any subsidiary or any person intended to be covered? Yes No

If yes, please provide full details below including dates, circumstances and cost/estimated cost of claim or loss:

Important notice

- It is your duty to answer all questions fully and to disclose all material facts to Underwriters. A material fact is one which may influence an Underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Underwriters will be material and such changes should be highlighted. If you are in any doubt as to whether a fact is material you should consult your broker or disclose it.
- Failure to so inform us may invalidate this insurance or any claim made under it.
- The particulars provided by, and statements made by, or on behalf of the Applicant(s) contained in this application form and any other information submitted or made available by, or on behalf of the Applicant(s) are the basis for the proposed policy and will be considered as being incorporated into and constituting a part of the proposed policy.

Declaration

- I/we hereby confirm that I am authorised to complete this Application Form on behalf of all parties entitled to coverage under this insurance.
- I/we declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.
- I/we undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

Signed:**Position:****Dated:** D D / M M / Y Y Y Y**RESOLUTION INSURANCE COMPANY LIMITED****HEAD OFFICE:** Parkfield Place, Muthangari Drive, Off Waiyaki Way, Westlands | Address: P O Box 4469 – 00100, Nairobi, Kenya

Telephone: +254 20 2894 000 | Mobile: +254 709 990 000, +254 730 199 000

Email: info@resolution.co.ke | Website: www.resolution.co.ke