

IT IS AN ADVANTAGE to have all your insurance with one Company.

This Company issues Policies on favourable terms covering:

**ADMINISTRATION BONDS.
ALL RISKS (Jewellery, etc.)
BURGLARY.
BAGGAGE.
COMMERCIAL VEHICLES.
COMPREHENSIVE RISKS
(Householders and Houseowners)
FIDELITY GUARANTEE.
FIRE
GLASS.
GOLFERS.
GOODS-IN-TRANSIT.
LOSS OF PROFIT.
MARINE RISKS.
MOTOR-CYCLES.
PEDAL-CYCLES.
PERSONAL ACCIDENT.
PRIVATE CARS.
PUBLIC LIABILITY.
SPORTING GUN.
TOURISTS' PERSONAL
ACCIDENT.
WORKMEN'S COMPENSATION.**

Prospectuses relating to the above will be forwarded on application



**PROFESSIONAL
INDEMNITY**

THE PROFESSIONAL INDEMNITY

This Company specialises in the underwriting of Indemnity Policies for qualified professional men. The Policy covers the risk of a claim based on professional negligence being made by a client.

In these modern times, errors or omissions by responsible persons or their employees usually lead to claims for negligence often involving very large sums of money in their settlement. Even if a claim is successfully defended, the irrecoverable legal costs may also be very heavy. This worry can be removed by the payment of a very reasonable premium annually.

Each Policy is rated strictly on merit, and we will be pleased to submit a quotation on receipt of this fully completed Proposal Form.

Specimen policies are always available with quotations.

GEMINIA INSURANCE COMPANY LIMITED

6TH FLOOR, GEMINIA INSURANCE PLAZA, KILIMANJARO AVENUE
P.O. BOX 61316 CITY SQUARE NAIROBI 00200 KENYA TELEPHONE: 2782000
E-MAIL: info@geminia.co.ke

AgencyPolicy No.....

PROPOSAL FOR PROFESSIONAL INDEMNITY INSURANCE

Proposer's Name (in full): _____

Addresses of all offices: _____

Profession: _____ Date established: _____

1. Give details below of each partner or principal. Do you require cover in respect of any retired partner or predecessor?..... If so give details below stating "retired" or predecessor"

Full Name	Age	Professional Qualifications	Date Obtained	How long in practice as a Partner

2. Have you previously held or do you now hold a Professional Indemnity Policy?

If so, state name of Insurers and exact period of cover under the policy being replaced.
.....

3. Has any Company or Underwriter ever cancelled, declined, refused to renew or required an increased rate or special conditions in respect of your, or your predecessor's insurance:
If so, give full particulars

4. Have any claims ever been made against you and / or any of your present Partners or Directors either individually or otherwise for any professional omission, neglect or error or the like:
If so, give full particulars

5. Have you recently discharge or are you contemplating discharging any of your Staff for any omission, neglect, error or dishonest, fraudulent, criminal or malicious conduct?
If so, give full particulars

6. Is there any other information in your possession material to an estimate of the risk to be insured? If so give details

7. (a) Total number of Partners or Directors..... (B) Total number of Staff.....

- (c) For Architects & Surveyors give estimates of the following:-
(I) Building values for the coming year*
(ii) Gross fees for the coming year*.....
(d) Indemnity requires

*** NOTE**
The figure at (i) should represent work certified. Both figures should be based on the past three years

I / We hereby declare that the whole of the foregoing Statement is true and complete in every respect and that I / we have not concealed any material fact that ought to be known or advised to the Insurers and I / We agree that this proposal and declaration shall form the basis of the contract between the Insurers.

Date.....Signature