

GEMINIA INSURANCE COMPANY LIMITED

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PROFESSIONAL INDEMNITY PROPOSAL

INSTRUCTIONS:

- Please read carefully and fill out the entire document.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or dictation.
- Submit a Certificate of Incorporation, KRA pin certificate with this application.

1 Proposer's Details

Full name of the proposer: _____

KRA Pin No _____ (Please attach a copy of the certificate)

Postal Address: _____

Email Address: _____

Location of the premises: _____

Nature of business (profession): _____

Contact person's mobile number _____

Period of Insurance From: _____ To: _____

Name of intermediary _____

2. Full name of each partner, qualification and when qualified, how long practising as a Partner in the firm and name(s) of firm(s) in which he previously practised.

Name	Qualification (Both academic and professional)	When Qualified	Number of years of experience as a partner firm	Previous Firm(s)

3. Total numbers of partners and staff:

a) Partners _____

b) Professionally qualified staff other than the category in C below _____

c) Typists, Telephonist, Messengers and other support staff _____

4. Total indemnity required

a) per any one event/claim _____

b) in the aggregate during the period of Insurance _____

5. What was the Gross fee income (annual revenue earned for services rendered to your clients)

a) in the last 12 months? Ksh_____

b) in the 12 months before that? Ksh_____

6. What is the expected income in the next 12 months? Ksh_____

7. Have any claims ever been made against the firm or their predecessors in business or any of the present or former partners? Yes No

If so, please give full particulars_____

8. Are any of the partners aware of any circumstance which may give rise to a claim against the firm or their predecessors in business or any of the present or former partners? Yes No

9. Do you require cover for the undernoted extensions? (maximum limit is 10% of your proposed limit of indemnity and it will attract an additional premium)

a) Libel and slander Ksh_____

b) Dishonesty of employees Ksh_____

c) Loss of documents Ksh_____

10. General Insurance History

a) Are you currently insured in respect to the above risks? Yes No

If yes state: Insurance Company_____ Expiry Date_____

b) Has any insurer

i) Declined to insure you? Yes No

ii) Required special terms to Yes No

iii) Cancelled or refused to renew your insurance Yes No

iv) Or increased your premium on renewal? Yes No

11. Declaration

I/We do hereby declare that to the best of my knowledge and belief that the statements set forth herein are true and complete. Further, no material facts have been missed or misrepresented. I/we agree that the proposal together with any other information supplied shall form the basis of any contract of insurance effected thereon.

Name of person Completing the Proposal form_____

Designation_____ Date_____

Signature_____

NOTE:

1. The Insured shall accept a policy subject to excesses, restrictions, terms & conditions Geminia Insurance Company Limited may deem necessary.
2. The Insured undertakes to inform the insurer of any material alteration whereby the risk has increased and the insurer reserve the right to modify the terms of the policy