

Professional Indemnity For Architects

Name of Proposer

First Name: Middle: Surname:

Email Address: Mobile No.

Title Of Practice/Specialization

Address of the of the practice

Principal Office

Postal Address: Code County Country

Subsidiary Office

Postal Address: Code County Country

Email Address: Mobile No.

PIN No. Total Number of Staff

ID/Certificate of Incorporation

Please state approximate percentage of briefs attributable to

Details	No. of Staff
Partners	
Directors	
Qualified Staff	
Draughtsmen	
Trainee Staff	
Other Technical Staff	
All Other Staff	

Have any claims been made against you or your Employees for the type of cover for which you are now applying? YES NO

If YES; please give details _____

Are you aware of any circumstances which would be covered under a policy of this type that may result in any claims or a possible claim being made against you YES NO

If YES; please give full details (attach page to the back if necessary) _____

Are you at present or in the past been insured for this type of insurance? YES NO

If yes, state the name of insurance company

Limit of indemnity Expiry Date:

Whether the policy includes a run off cover and if so what period

Has any insurance company

Declined your proposal? YES NO Cancelled or failed to renew your policy YES NO

Increased premium on renewal? YES NO

If yes to any of the above, please give details _____

Does this Practice undertake any work whatsoever where the "end product" of such work is carried out in territories other than Republic of Kenya?

If YES; please give the following details :

Country	Starting Date	Type of Contract	Total Contract In Ksh.	Approximate Completion date

Please state the 5 largest contracts commenced during the past 5 years :

Country	Starting Date	Type of Contract	Total Contract In Ksh.	Approximate Completion date

Quotations required	
Limit of Indemnity	Details
Ksh.	Any one period inclusive of costs and expenses
Ksh.	Any one period inclusive of costs and expenses
Ksh.	Any one period inclusive of costs and expenses

FEE INCOME (This question must be completed accurately as the figures are used for rating purposes) Please give gross fees received during the past three years :

Year	Gross fees. Ksh.

Estimated fees for the coming 12 months KShs. _____

DECLARATION

I/We hereby declare that the above statements and particulars contained in Parts 1 & 2 of this Proposal 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 the Insurers.

Proposer's name

Signature

Date

If this proposal is being completed for the renewal of an existing policy, please remember cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension not longer than 10 days is requested and has been granted from insurers, or renewal terms have been accept.