

GA INSURANCE LIMITED

GA Insurance House, Ralph Bunche Road,

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PROPOSAL FOR PROFESSIONAL INDEMNITY

1. Name of Proposer.....
2. Business address of Proposer.....
3. Professional qualifications of the Proposer
If a firm, state the qualifications of all the partners or directors.....
4. Name or style of Proposer’s business (Please give full details of the nature of work carried on).....
5. Please indicate the gross fees income for the last year and the expected gross fee income for the next year.....
6. How many persons are in your employment:.....
 - a) Qualified Assistants.....
 - b) Clerks.....
 - c) Typists, Office boys & others.....
7. How long has the business been established and for how long has it been under your control or under the control of one or more of the present partners or directors?.....
8. How long have you and each of the partners or directors practiced as principals?.....
9. Has any claim been made against you or any partner, director or member of your staff for neglect, omission or error in relation to professional duties? If so, please give details including date and cost of each claim.

10. Have you within the past twelve months discharged or do you contemplate the discharge of any member of the staff, on account of any omission, neglect, error or the like? If so, please give full details.....

11. Are you aware of any neglect, omission, error or the existence of any circumstances, which might give rise to a claim?.....

12. Has any proposal for insurance of the risk been previously made or has the risk been previously insured? If so, please state what insurers, and whether such proposal or renewal has been declined or increased rate required?

13. State limits of indemnity required for any one incident and any one period of insurance.

Any one Incident:-.....

Any one Period:-.....

14. State the total amount of annual wages payable to your staff.....

15. Insurance to commence from:.....

PERIOD OF INSURANCE: FROM _____ TO _____

I/We desire to insure with GA Insurance Limited in respect of Professional Indemnity Risks. I/We warrant that the above the above statements are true and complete and nothing materially affecting the risk has been concealed by me/us, and I/We agree to render at the end of each period of insurance a statement in the form required, and to pay premium on any amounts in excess of the estimates upon which premium has been based: and I/We further agree that this proposal shall be incorporated in and taken as the basis of the proposed contract between me/us and the GA Insurance Limited, and I/We agree to accept a policy in the company's usual form for this class of insurance.

Date _____ Signature _____