

QuotePad/Application Form (Valid to 31/12/2015)

Policyholder: Year of Establishment:

Postal Address: Physical Address:

Telephone Number: Email Address:

Number of Qualified Professionals : Gross Annual Revenue Kshs:

Type of Practice (please tick as appropriate) 1. Sole Practitioner ☐ 2. Partnership ☐ 3. Company ☐ 4. Other ☐

STEP 1

Based on the Gross Revenue of the Insured for the Latest Financial Year please Tick (✓) the box that indicates the Premium for the Limit of Liability required

All figures in Kshs	Limit of Liability (Any One Claim / In The Aggregate)										Deductible (Each & Every Claim)	
	Kshs 2,000,000		Kshs 5,000,000		Kshs 10,000,000		Kshs 20,000,000		Kshs 50,000,000			
Gross Revenue:												
Under Kshs 1,000,00	12,000		23,500		42,000		54,000		100,000			Kshs 20,000
Up to Kshs 2,000,000	13,000		25,500		45,500		58,500		120,000			Kshs 25,000
Up to Kshs 5,000,000	14,000		27,500		49,000		63,000		150,000			Kshs 30,000
Up to Kshs 10,000,000	15,000		30,000		52,500		67,500		175,000			Kshs 35,000
Up to Kshs 15,000,000	20,000		40,000		60,000		90,000		200,000		Kshs 40,000	
(Note: If Revenue exceeds Kshs15,000,000 or a Limit greater than Kshs 50,000,000 is required, please complete the standard “Professional Indemnity Proposal Form. Upon receipt of the Proposal form the Underwriters will assess the application and revert). All premiums indicated above are subject to 0.45% premium tax and Ksh 40 Stamp Duty.												

STEP 2 - Confirmation of the Insured's status

I/We confirm that:

☐ Y ☐ N

1) The Insured is domiciled in Kenya and been established for more than 2 years. If the Insured is a Sole Practitioner they have been established for more than 5 years.

☐ Y ☐ N

2) The Insured does NOT have offices, domiciled operations or derived revenue from USA, Canada, UK or Australasia.

☐ Y ☐ N

3) After enquiry, the directors, partners, principals and employees have NOT been subject to any disciplinary action, been fined or penalized, or been the subject of any investigation alleging professional misconduct.

☐ Y ☐ N

4) After enquiry, the Insured and any directors, partners and principals are NOT aware of any claims ever being made against the Insured, their predecessors in business or any present or former partners, directors or principals.

☐ Y ☐ N

5) After enquiry, the Insured and any directors, partners and principals are NOT aware of any circumstances that may give rise to a claim against the Insured, their predecessors in business or any present or former partners, directors or principals.

☐ Y ☐ N

6) The Insured does NOT have any revenue derived from any of the following services or activities:
 - Commercial Securities or M&A
 - Investment Advice
 - Intellectual Property

☐ Y ☐ N

7) Does the Insured use engagement letters that specify the scope of services?

☐ Y ☐ N

8) Is the insured currently a member of Law Society of Kenya?

(Note: If your answer is "No" to any of the above, please complete the standard "Professional Indemnity

Proposal Form". Upon receipt of this Proposal Form the Underwriters will assess the application and revert).

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STEP 3 - Inception Date of Policy

- 1) Do you currently have Professional Indemnity insurance in force? ☐ Y ☐ N
- 2) What Inception Date do you require the policy to commence on (the Policy Period will run for 12 months from this date)?

DATE: _____

STEP 4 - Sign the Declaration

I/We declare that the statements and particulars in this application are true and that no material facts have been misstated, misrepresented or suppressed after enquiry. I/ We agree that this application, together with any other information supplied by me/ us shall form the basis of any contract of insurance effected between the Insurer and me/ us. I/ We undertake to inform the Insurer of any material alteration to those facts occurring before the completion of the contract of insurance. I/We confirm that we understand and accept the Conditions stated below.

Signature: _____

Name and Title: _____ Date: _____

Payment Type (Please tick)

- ☐ Cash
- ☐ Cheque: Cheque No. _____ Bank _____
- ☐ Premium Financing: (State the financing company) _____
- Name of Producer _____

NOTE: Please note that all premium cheques must be written in favour of AIGKENYA INSURANCE CO. LTD. CASH must be paid direct to AIGand appropriate receipt obtained

Conditions

- 1) The policy wording applicable is Professional Indemnity Advocates.
- 2) If the answer to Step 3 (1) is 'NO' then the Retroactive Date will be at the Inception of this policy, otherwise it is the date specified as per (2).
- 3) This quotation is valid for 30 days from the date the Declaration is signed or until the date specified in Step 3 (2), whichever is earliest.
- 4) Confirmation of Cover will be provided only if this form is fully completed and received by AIGKenya (a) within 5 business days of the Inception Date stated in Step 3 (2) above; or (b) prior to expiration of this quotation, whichever is the earliest.

CONTACTS

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*This insurance is provided by AIG Kenya Insurance Company Limited,
a member company of American International Group, Inc. (AIG)*