

VET BIMA
PROFESSIONAL INDEMNITY
PROPOSAL

1. PROPOSAL FORM

Name of proposer: _____

Date of Birth: _____ Month ____ Year ____ ID NO: _____
Day _____

Gender: Male Female

PIN NO: _____ (Attach copy of pin certificate)

Mobile No: _____

P.O. Box: _____ Postal Code: _____

Profession _____ Qualification _____

How long have you been in practice? _____

Previous firms _____

2. Total numbers of Partners and Staff:

- | | |
|---|----|
| a) Partners | a) |
| b) Staff other than Typist, Telephonists & Messengers | b) |
| c) Typists, Telephonists and Messengers | c) |

3. a) Total number of professionally qualified employees

b) Total salaries per annum Kshs.

4. When was the Firm established?

5. Total indemnity required
(Inclusive of any extensions)
a) per any one event

a)

b) in the aggregate during period of Insurance

b)

6. What was the Gross Fee Income

- a) in the last 12 months? a)
- b) in the 12 months before that? b)

7. What is the expected income in the next 12 months

8. Are you prepared to bear an excess each and every claim equal to:

- a) 2½ % a)
- b) 5% of the amount of indemnity b)

9. Is retroactive cover required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
a) up to 2 Years	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) up to 5 Years	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c) Exceeding 5 Yrs: if „Yes“, for how many years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Extensions

10. If available, do the Firms require:-	Insert “Yes” or “No”
Extension 1 - Libel and slander (Limited to 10%) of Policy	1.
Limit of indemnity	

DECLARATION:

I _____ do hereby declare that the above answers and statements are TRUE, and that I have withheld no material information regarding this Proposal.

DATE: Day: _____ Month: _____ Year: _____

SIGNATURE OF PROPOSER:

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- MODE OF PAYMENT (Tick One):
- 1. MPESA
 - 2. CASH
 - 3. CHECK

OFF

Broker: Chancery Wright Insurance Brokers Limited