



**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

No

a) up to 2 Years

Yes

No

b) up to 5 Years

Yes

No

c) Exceeding 5 Yrs: if „Yes“, for how many years?

Yes

No

**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