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PROFESSIONAL INDEMNITY INSURANCE FOR ACCOUNTANTS (Proposal Form)

I GENERAL DATE

1. Name of Firm:

2. Address of Head Office:

3. Address of branch office(s) and name(s) of residential partner(s)

4. When was the firm established?

5. During the past five years, has the name of the firm been changed or has any other firm been purchased or any merger or consolidation taken place? Yes No

If so, please give full details

6. Member of association? Yes No

Please attach certificates of membership

7. Details of all practicing principals or partners

Names	Qualifications	Dates qualified	Duration of Professional experience	Position held in the firm and how long





8. Total number of principals, partners and staff

Technical: Principal, Partners or Officers _____

Accountants and Accounting Assistants _____

Staff other than typists and messengers _____

(Please specify) _____

Typists and Messengers _____

9. Does your firm, any partner, principal or staff manage, own or have financial control of any bank, trust company, mortgage or loan association, title guarantee or real estate company or undertake work as executor, trustee, director or company secretary? Yes No

If so, give full details _____

10. Does any partner, principal or staff undertake work as receiver, Liquidator or trustee in bankruptcy? Yes No

If so, give full details _____

II. NATURE AND VOLUME OF YOUR PRESENT AND FORESEEABLE FUTURE ACTIVITIES

1. Describe your firm by showing the percentage of gross fees to be received from the following activities during the current fiscal year:-

	%
a) Taxation	___
b) Consultancies	___
c) Examination of annual reports	___
d) Audits	___
e) Share registration	___
f) Insolvencies/liquidations/receiverships	___
g) Management consultancies	___
h) Others (please specify)	___
Total	100%

2. Does the firm's practice extend or has it ever extended to activities abroad? Yes No

If so, please indicate

(a) In which countries and the respective share of total business _____

(b) Method of handling such business _____





3. Fees

Please indicate your fiscal year.

What are the gross fees for:-

(a) last fiscal year

(b) current fiscal year (estimate)

(c) next fiscal year (estimate)

III PREVIOUS INSURANCE/PREVIOUS CLAIMS

1. Have you previously been insured?

Yes No

If so, please specify

	Name of Insurer	Policy Period	Limit of Indemnity
1			
2			
3			
4			
5			
6			
7			

2. Has a previous application been declined?

Yes No

Has a previous insurance:

(a) required increased premium?

Yes No

(b) required special restriction?

(c) been terminated/not been renewed by insurer?

Yes No

If so, please give detailed information

3. Have any claims been made during the past five years against your firm?

If so, please advise amount and background of each claim.

4. Is your firm aware of any circumstances or incidents which may result in a claim or Claims against your firm?

If so, please give details.



IV INDEMNITY REQUIRED

1. Limit any one claim

2. Limit in the annual aggregate

3. Deductible each and every claim to be borne by insured

V. EXTENSION TO BASIC COVER

1. Loss of documents

Yes No

Limit _____

2. Dishonesty of employees

Yes No

If so, please answer the following questions:

(a) has the firm sustained any loss through the fraud or dishonesty of any employee?

Yes No

(b) Is any employee to sign cheques without countersignature by a partner?

Yes No

If so, up to what amount?

3. Libel and Slander

Yes No

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Signed this day of

For and on behalf of _____

(insert name of firm)

Signature of partner or principal _____

Please attach a brochure concerning your firm.

UAP Insurance Company Limited

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