

PROPOSAL FORM PROFESSIONAL INDEMNITY INSURANCE

NOTICE TO THE APPLICANT:

YOU ARE TO DISCLOSE IN THIS PROPOSAL FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY (AS DEFINED BELOW).

Completing the Proposal Form

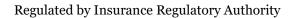
- * Please answer <u>all</u> questions in full leaving no blank spaces.
- * If you have insufficient space to complete any of your answers, please attach a separate <u>signed</u> and <u>dated</u> sheet and identify the question number concerned.
- * It is agreed that whenever used in this proposal form, the term Applicant shall mean the Insured Organisation as defined in the Federal Miscellaneous Professional Indemnity Insurance Policy ("the policy").

The Professional Indemnity Insurance Policy is written on a Claims made and reported basis. The policy covers only Claims first made during the Policy Period or any Extended Reporting Period and reported in accordance with the policy provisions. The Limit of Liability to pay damages or settlements will be reduced and may be completely exhausted by the payment of Defence Costs.

PLEASE READ THE ENTIRE POLICY AND THIS PROPOSAL FORM CAREFULLY

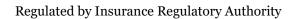
1. GENERAL INFORMATION

(a) Name of Applicant:
(b) Applicant's Address:
(c) Applicant's web address:
(d) How long has the Applicant continuously carried on business?
(e) Names and dates under which the Applicant's business was formerly carried on:



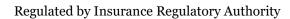


	e Applicant:				owning 5% or more of the issued
NATURE OF BUSINESS					
Please	provide a full de	escripti	on of -		
(i)	the Applicant'	s natur	e of activities; and		
(ii)	the type of Pr	ofessi	onal Services the A	pplicant provides.	
	_	ercenta	ge that each of the	above activities re	presents of the Applicant's tota
_					
Please	e indicate which	of the	above activities are n	nade available thro	ugh the internet.
			_	riven?	☐ Yes ☐ No
	_		-	_	☐ Yes ☐ No
Partic	ulars of Principa	ls			
me		Age	Qualifications	Years Experience	Memberships of Professional Associations
Numb	ers of Directors,	Partne	ers or Employees pro	viding Profession	al Services?
	Please (i) (ii) Please busine Please Are wi If yes, Are ve If no, j	Please provide a full de (i) the Applicant' (ii) the type of Pr Please indicate the probusiness: — Please indicate which Are written disclaimer If yes, please provide a Are verbal reports or a If no, please advise when the provide a Are verbal reports or a provide a Are v	Please provide a full descripti (i) the Applicant's natur (ii) the type of Profession Please indicate the percentar business: — Please indicate which of the state of the state of the state of the percentar of the state of the percentar of the state of the stat	Please provide a full description of - (i) the Applicant's nature of activities; and (ii) the type of Professional Services the A Please indicate the percentage that each of the business: — Please indicate which of the above activities are in Are written disclaimers included with any advice g If yes, please provide an example. Are verbal reports or advice always confirmed in w If no, please advise what percentage of reports fall Particulars of Principals The Age Qualifications	Please provide a full description of - (i) the Applicant's nature of activities; and (ii) the type of Professional Services the Applicant provides. Please indicate the percentage that each of the above activities rebusiness: — Please indicate which of the above activities are made available through the activities are made available and activities are made available and activities, please provide an example. Are verbal reports or advice always confirmed in writing? If no, please advise what percentage of reports fall into this category: Particulars of Principals





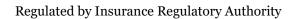
Dl J! 11		l l	: the class there are a	
Please detail ti	ie Applicant's t	nree largest contracts	in the last three years:	
Type of	Fee	Contract	Commencement	Completi
Service		Value	Date	Date
•		rrently represent grea	ter than 50%	
of the Applica	nt's income?			Yes [
Does the Appli	icant conduct a	ny business in North A	America?	☐ Yes ☐
		•	miorica:	
Is the Applicar	nt a member of	a professional body or	association?	☐ Yes ☐
If yes, please p	rovide details:			
D (1 A 1)		1 1 .		
If yes:	icant engage co	nsultants, sub-contra	ctors or agents?	∐ Yes ∟
11 y co.				
- Are they requ	ired to carry P	rofessional Indemnity	Insurance?	☐ Yes ☐
	olicant enter an	y hold-harmless agree	ments	
- Does the Apr		, 0		
	aive any legal r	ights or entitlements	Willell illay De	
or otherwise w		rights or entitlements ants, sub-contractors	•	☐ Yes ☐





3. PROFESSIONAL SERVICE AGREEMENTS

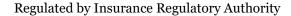
	(a)	Are contract fees negotiated and agreed to in advance?	☐ Yes ☐ No
	(b)	Are written service agreements required for all clients?	☐ Yes ☐ No
		(If yes, attach a sample)	
	(c)	Have the written service agreements been reviewed by a law firm	
		experienced in the Applicant's field?	☐ Yes ☐ No
	(d)	Are all of changes to service agreements confirmed in writing?	☐ Yes ☐ No
	(e)	Does the Applicant provide warranties or guarantees?	☐ Yes ☐ No
	(f)	Does the Applicant describe services in any brochure?	☐ Yes ☐ No
		(If yes, attach a sample)	
	(g)	Do all service agreements provide an indemnity in favour of	
		and/or limit the Applicant's liability?	☐ Yes ☐ No
4.	QUA	LITY CONTROL	
	(a)	Is there a formal procedure for handling client complaints?	☐ Yes ☐ No
	(b)	Is Alternative Dispute Resolution as a procedure to resolve	
		complaints part of the Applican'ts service agreement?	☐ Yes ☐ No
	(c)	Are audits or reviews of services performed by employees conducted?	☐ Yes ☐ No
		If yes, how often?	
	Anı	nuall Semi Quarterl	Other
	y	Annually y	
	(d)	Does the Applicant ever assume liability for others by contract?	☐ Yes ☐ No
	(If ye	s, please identify)	
5.	PRO	FESSIONAL CREDENTIALS	
		o employees hold professional licenses or certification?	☐ Yes ☐ No
		s, please identify)	
	(b) D	oes the Applicant pay for continuing education to maintain such professional licenses or certification?	☐ Yes ☐ No
		professional needs of certification;	☐ 165 ☐ INO





6. CLIENT MANAGEMENT

8.	PRIC	Has the Applicant ever been had a similar policy cancelle If yes, please provide details Does the Applicant currently If yes provide the following: Insurer	refused this type of coved?	r or	☐ Yes ☐ No
8.		Has the Applicant ever been had a similar policy cancelle	refused this type of cove d?	r or	☐ Yes ☐ No
8.					
			•		
		If yes, please provide details			
		(iii) scheme of compromise creditors under any law any		_	-
		If yes, please provide details	:		_
		tender offer by any other co	mpany?		_ Yes No
		individual proposed for cov other party or aware of any	·		
		(ii) whether or not such dis		_	
		If yes, please provide details		_	-
		(i) acquisitions of, tender off	ers or mergers with any	other organisation?] Yes □ No
	(a)	In the past 24 months has that any actual or potential:	ne Applicant publicly disc	closed that it has under c	onsideration
7.	ANN	OUNCED CHANGES			
		not listed above? (If yes, atta	ach description or explan	ation)	☐ Yes ☐ No
	(d)	Does the Applicant engage in	_	-	
	(c)	Is there a formal policy for n		entiality?	Yes No
	(b)	Are there formal criteria for Is there a formal policy for c	- 0		☐ Yes ☐ No ☐ Yes ☐ No
	(a)	Are there formal criteria for	accepting new clients?		





9. CLAIMS AND CIRCUMSTANCES

have a	ny knowledge of any fact or circumstance involving the following?		
(a)	Any copyright, patent or other intellectual property infringement litigation?	☐ Yes	□No
(b)	Ever been censored, fined or had a professional licence or certification suspended or revoked?	☐ Yes	□No
(c)	Any professional indemnity claims under any existing or prior insurance policy?	☐ Yes	□No
(d)	Any facts or circumstances, including but not limited to any litigation or written demands for damages, (a) which he or she has reason to suppose might afford valid grounds for any Claim such as would fall within the scope of the proposed policy or (b) which indicate the probability of any such Claim?	Yes	□No
	If any of the above are answered ves. attach full details on separate sheet.		

Following appropriate enquiry has the Applicant, its Directors, Partners or Employees been involved in or

Pertaining to Question 9, it is agreed that if the undersigned or any Director, Partner or Employee proposed for this insurance has any knowledge of any such fact or circumstance, any claim arising therefrom shall be excluded from coverage under the proposed insurance.

10. FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

11. REQUESTED LIMIT:

12. ADDITIONAL INFORMATION

Please enclose with this proposal form:

- (a) The last two Audited Annual Reports.
- (b) The last two Interim Statements (if applicable).
- (c) Sample service agreements.
- (d) Resumes or biographies of all principals.
- (e) Any brochures or other documentation that may detail the nature of the Applicant's activities.



13. EXTENSIONS AVAILABLE AT ADDITIONAL PREMIUM

EXTENSION NAME	LIMIT OF LIABILITY / PERIOD REQUIRED
Bodily injury arising from breach of professional duty	KES.
Breach of confidentiality	KES.
Defamation	KES.
Libel and Slander	KES.
Dishonesty of employees	KES.
Infringement of copyright	KES.
Loss of documents	KES
Compensation for court attendance cover	KES.
Extension of Claim Circumstances Condition – Period	Months:
Required (Maximum 3 months)	
Foreign Work Extension	KES.

14. DECLARATION AND SIGNATURE

The undersigned authorised officers of the Applicant declare that to the best of their knowledge and belief the statements set forth herein and all attachments are true and complete and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of any insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the Applicant to effect insurance, the undersigned agree that this proposal form and all attachments herein shall be the basis of and will be incorporated in the Policy should one be issued.

Signed:	Date:	
Title (Partner, Principal or Director)		
Signed:	Date:	
Title (Partner, Principal or Director)		

IMPORTANT

YOU ARE TO DISLOSE IN THIS FORM FULLY AND FAITHFULLY ALL FACTS WHICH YOU KNOW OR OUGHT TO KNOW, OTHERWISE YOU MAY RECEIVE NOTHING FROM THE POLICY.