



"A Symbol of Trust, Security and Progress"

# Tausi Assurance Company Limited

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## PROFESSIONAL INDEMNITY PROPOSAL FORM.

The issuing of this form is not to be taken as an admission of liability by the Insurers.

**NB:** All questions must be answered in full. Dashes are not acceptable. Please use **BLOCK LETTERS** and tick where appropriate.

### PARTICULARS OF PROPOSER

Name of the Proposer (in full)

Postal Address

P.O Box:

Code:

Town:

Telephone Contact

Email Address

Pin No

(Attach copy of the certificate)

ID/Passport Number

(Attach copy of the certificate)

Certificate of Incorporation Number

(Attach copy of the certificate)

Physical Address/Location

Profession/Occupation

If a Firm, what is the number of Professionals and Partners?

Professional Qualifications of the Proposer

If a Firm, state the qualifications of all the Partners or Directors

Name or Style of Proposer's Business

(Please give full details of the nature of work carried on)

How many persons are in your Employment

Qualified Assistants

Clerks

Typists, Office Boys & Others

How Long has the business been established and for how long has it been under your control or the control of one or more of the present Partners or Directors?

How long have you and each of the Partners or directors practiced as Principals?		
Has any claim been made against you or any Partner, Director or Member of your staff for neglect, omission or error in relation to professional duties?	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
	If Yes, please give details including date and cost of each claim	
Have you within the past twelve months discharged or do you contemplate the discharge of any member of the staff, on account of any omission, neglect, error or the like?	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
	If Yes, please give full details	
Are you aware of any neglect, omission or error or the existence of any circumstances which might give rise to a claim?	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
	If Yes, please give full details	
Has any proposal for insurance of the risk been previously made or has the risk been previously insured?	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
	If Yes, state with what Insurers and whether such proposal or renewal has been declined or an increased rate required	
State Limits of indemnity required for	Any one incident(Kshs)	
	Any one period of insurance(Kshs)	
State the total amount of annual wages payable to your staff		
State amounts of annual fees earned		
Period of Insurance	From:	To:

I/We hereby declare that the statements made by me/us in this Questionnaire and Proposal form are, to the best of my/our knowledge and belief, complete and true, and I/We hereby agree that this Questionnaire and Proposal form, forms the basis and is part of any policy issued in connection with the above risk(s). It is agreed that the Insurers are liable in accordance with the terms of policy only and that the insured will not lodge any other claims of whatever nature.

The liability of the company does not commence until the proposal has been accepted and the first premium paid.

Telephone of Contact Person:

DATE \_\_\_\_\_