

AFRICA MERCHANT ASSURANCE COMPANY

"SERVICE BEYOND THE OBVIOUS"

Broker/ Agent:

General data

PROFESSIONAL INDEMNITY PROPOSAL FORM

		*					
1.	Name of Firm	1 2 2 2 2 2 2		, , , , , , , , , , , , , , , , , , ,			
2.	Address of he	ead office					
3.	Address of Br						
4.	When was the						
	During the pa has any other taken place?	Yes No					
	If so please g	ive full details	*				
6.	Member of as	No					
7.	Details of all practicing principals of partners						
Names	S	Qualifications, Dates Qualified total duration of professional experience	Position held in company and how long				
8.	Total number	Numbers					
Š.	Technical •	 principals, Partners or officer 	S	,			
ic.		Staff other than typists and ofTypist and office boys	ffice boys (please specify)	,			
9.		Yes No					
	If so, give fu	ll details	, , , , , , , , , , , , , , , , , , ,	4			
Website: www.amaco.co.ke							
Email:info@amaco.co.ke							

2.	Has any previous application been declined?	Yes	No
	Has any previous insurer	4	
	a) required an increase in premium?	Yes	No
	b) required special restrictions?	Yes	No
	c) been terminated/ not been renewed by an insurer?	Yes	No
3.	Have any claims been made during the past five years against your firm?		w
4.	If So, please advise amount and background of each claim Is your firm aware of any circumstances or incident which may result in a claim or claims against your firm?		
	If so, please give details.		
I.	Limit of Indemnity required	e e	
1.	Limited any one claim		
2.	Limited in the annual aggregate	a a	
3.	Deductible each and every claim to be borne by insured		
II.	Extension of basic cover if required: at an additional premium;	ж в — ⁴ 8 с 8) в	
1.	Loss of documents	Yes	No
2.	Dishonesty of employees	Yes	No 🗀
	If so, please answer the following questions	Yes	No 🗀
a)	Has the firm sustained any loss through the fraud or dishonesty of any employee?	Yes	No
, b)	Is any employee allowed to sign cheques without counter signature by a partner?		
	If so, up to what amount?	v.	
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