

HEAD OFFICE:

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LIABILITY CLASS PROPOSAL FORM

Agency _____

1. Full Name _____ PIN NO _____

2. Postal Address _____ Residential Address _____

3. Telephone numbers mobile _____ Office _____ Email _____

Are you a politically exposed? Yes No

4. Trade or Occupation _____ Contact Person If corporate _____

5.a) what class of cover is required?

Public
Liability

I

Product
Liability

II

Trustee's
Liability

III

Director & Officer's
Liability

IV

Professional
Indemnity

V

b) Limits of liability

i) Any one person/event _____

ii) Any one occurrence _____

iii) Any one period _____

Gross fee per fiscal year

i) Current _____

ii) Next _____

iii) Last _____

6. Briefly describe the nature of your occupation _____

7. 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?
(attach certificates of membership/registration)

YES NO

If yes give details _____

8. Kindly provide the latest Audited Accounts and current organizational diagram

9. Are procedures in place to assess the suitability of persons appointed to act as trustee/director/officer?

YES NO

i) How often are procedures reviewed? _____

ii) Are all decisions undertaken on the basis of unanimous decisions only? YES NO

iii) Are all assets held in custodian-ship independently from the employer company and Investment manager? YES NO

iv) Have the trustees/director/officer prepared a statement of investment principles in respect of all plans? YES NO

iv) Please tick "yes" to confirm that any self investment in the employer company by any plan DOES NOT exceed 5% of plan assets. YES NO

If so, give full details _____

10. What are the criteria for appointment of a non-executive director? _____

i) Has any appointed Director/Officer/Trustee received any fine, penalty or sanction from any regulatory body YES NO

If so, give full details _____

11. Is the company listed on the stock exchange or trade in any other way? YES NO

Provide details _____

i) What date was the last offer/tender/issue made _____

12. 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 _____

13. Does any partner, principal or staff undertake work as receiver, Liquidator or trustee in bankruptcy?

YES NO

14. Please tick extension cover if required

Document loss Employee dishonest Lebal & Slander

15. Are you at present or in the past been insured for the risks proposed? YES NO

Name of Company _____ Period of cover _____ Pol No. _____

16. Has any proposal or renewal been

Declined? Yes No

Withdrawn? Yes No

Charged an increased rate? Yes No

Required special restrictions? Yes No

Give particulars of all accidents or losses over the past three years

17. Period of insurance from _____ to _____

I/We declare that to my knowledge that the answers and particulars given in this proposal are true and complete and that I have not held any material information. I have also read and understood that this proposal and declaration shall be the basis of the contract between me and PACIS Insurance Company Limited.

Date of completion of proposal form _____ Proposer's signature: _____