PACIS
INSURANCE COMPANY LTD
For Comfort & Peace in Life

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LIABILITY CLASS PROPOSAL FORM

Name of Agency Mobile: No. Email

1. Name
   First Name Middle Name Surname

2. Residential Address
   Area
   Street/Road LR/Plot No.
   P.O. Box Code
   Town/City

3. Email ID / Passport

4. Mobile No. (Main) Mobile No. (Alternative)

5. KRA PIN

6. Occupation

7. Are you politically exposed? Yes ☐ No ☐

8. Contact Person (if corporate)
   First Name Middle Name Surname

9. Indicate class of cover required (tick as appplicable)
   Public Liability ☐ Product Liability ☐ Trustee's Liability ☐
   Director & Officer's Liability ☐ Professional Indemnity ☐

10. Limits of Liability
    (i) Any One Person/Event (KShs.)
    (ii) Any One Occurrence (KShs.)
    (iii) Any One Period (KShs.)

11. Gross Fee per Fiscal Year
    (i) Current (KShs.)
    (ii) Next (KShs.)
    (iii) Last (KShs.)

12. Briefly describe the nature of your occupation

13. 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 yes, please give details

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

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

    Yes No If yes, please give details

    (i) How often are procedures reviewed?

    (ii) Are all decisions undertaken on the basis of unanimous decisions only?

    Yes No If yes, please give details

    (iii) Are all assets held in custodian-ship independently from the employer company and investment manager?

    Yes No If yes, please give details

    (iv) Have the trustees / directors / officers prepared a statement of investment principals in respect of all plans?

    Yes No If yes, please give details

    (v) 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 yes, please give details

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

17. Has any appointed Director/Officer/Trustee received a fine, penalty or sanction from any regulatory body?

    Yes No If yes, please give details

18. Is the company listed on the stock exchange or trade in any other way?

    Yes No If yes, please give details

    (i) What date was the last offer/tender/issue made? (DD/MM/YYYY)

19. 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 executive, trustee, director or Company Secretary?

    Yes No If yes, please give details

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

    Yes No If yes, please give details

21. Please tick extension cover if required Document loss Employee dishonesty Libel and slander

22. Are you at present or in the past been insured for the risks proposed?

    Yes No If yes, give name of Company Period of Cover

    Policy Number

23. 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 five years:

Year (YYYY)	No. Accidents/Losses	Claim Amounts Paid	Total Premiums Paid in Damage
		KShs.	KShs.
		KShs.	KShs.
		KShs.	KShs.
		KShs.	KShs.
		KShs.	KShs.

24. Period of insurance from (DD/MM/YYYY) to (DD/MM/YYYY)

DECLARATION

I/We declare that to my/our knowledge that the answers and particulars given in this Proposal Form are true and complete and that I/we have not withheld any material information. I/We have also read and understood that this Proposal Form and Declaration shall be the basis of the Contract between me/us and PACIS Insurance Company Limited.

DATA PRIVACY

I/ We willingly provide my/ our personal information in this Proposal Form and consent its use as prescribed in the Pacis Insurance Data Protection Policy (The policy is available on our website ***www.pacisinsurance.com****) and in accordance with Data Protection Act, 2019.*

First Name | Middle Name | Surname

Date (DD/MM/YYYY) | Proposer's Signature