



Madam Pesa
MADAMPESA INSURANCE AGENCY

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Professional Indemnity Insurance Proposal form

| 1 General Data | | | |
|--|-------|---|---------------------------------------|
| 1. Name of Proposer in full | | | |
| 2. (i) Address of head office | | | |
| (ii) Occupation | | | |
| 3. Address of branch office(s) and name(s) of resident Partner(s) | | | |
| 4. When was the firm established? | | | |
| 5. During the past five years, has the name of the firm been changed or has any other firm purchased or any merger or consolidation taken place? | | | Yes no |
| If so, please give full details | | | |
| 6. Member of association? | | | Yes no |
| 7. Details of all practising principals or Partners | | | |
| No | Names | Qualifications, dates qualified/total duration of professional experience | Position held in company and how long |
| | | | |

| | | |
|--|---|--|
| 8 | Total number of principals, partners and staff Technical: - Principals, partners or officers - Professional Assistants - Staff other than typists and office staff (please specify) Total non-technical/administration staff | Number ----- ----- ----- ----- |
| 9 | 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 |
| <p>II. Nature and volume of your present and foreseeable future activities</p> <p>1. Describe your firm by showing the percentage of gross fees to be Received from defined activities during the current fiscal year:</p> <p>----- %</p> <p>----- %</p> <p>----- %</p> <p>----- %</p> <p>----- %</p> <p>----- %</p> <p>----- %</p> <p>----- %</p> <p>100 %</p> <p>Total:</p> | | |
| 2. | Does the firm's practice extend or has it ever extended to activities abroad? If so, please indicate a) in which countries and the respective share of total business b) method of handling such business | Yes no |

3. Fees

Please indicate your fiscal year.

What are the gross fees for

- a) last fiscal year?
- b) Current fiscal year (estimate)?
- c) Next fiscal year (estimate)?

III. Previous insurance/previous claims

1. Have you previously been insured?

Yes no

If so, please specify:

| No | Name of insurer | Policy period | Limit of Indemnity |
|----|-----------------|---------------|--------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

2. Has a previous application been declined?

Yes no

Has a previous insurance

- a) required increased premium?
- b) required special restrictions?
- c) been terminated/not been renewed by an insurer?

Yes no
Yes no
Yes no

If so, please give detailed information.

3 Have any claims been made during the past five years against your firm?

Yes no

If so, please advise amount and background of each claim.

| | |
|--|-----------------------------------|
| <p>4 Is your firm aware of any circumstances or incidents which may result in a Claim against your firm? If so, please give details</p> | <p>Yes no</p> |
| <p>IV. Indemnity required</p> | |
| <p>1. Limit any one claim</p> | |
| <p>2. Aggregate Limit</p> | |
| <p>3. Deductible each and every claim to be borne by insured</p> | |
| <p>V. Endorsements to basic cover</p> | |
| <p>1. Extended Claims Reporting Period</p> | <p>Yes no</p> |
| <p>2. Loss of Documents If so, up to what amount?</p> | <p>Yes no -----</p> |
| <p>2 Incoming/Outgoing Partners</p> | |
| <p>a) Incoming partners</p> | <p>Yes no</p> |
| <p>b) Outgoing partners</p> | <p>Yes no</p> |
| <p>If this extension is required, please advise names of the partners and incoming/outgoing dates</p> | <p>-----</p> |
| <p>4. TPL If so, up to which limit of indemnity?</p> | |
| <p>I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance affected thereon.</p> | |
| <p>Signing this proposal form does not bind the Proposer or underwriter to complete this insurance</p> | |
| <p>Dated this day of 2018</p> | |
| <p>For and on behalf of ----- (insert name of firm)</p> | |
| <p>Signature of partner or principal -----</p> | |
| <p>Please attach a brochure concerning your firm</p> | |