



# PROFESSIONAL INDEMNITY INSURANCE CERTIFICATE

INSURANCE  
COMPANY  
LOGO

Enter this Certificate Number  
as you renew your license

CERTIFICATE NO : PID0X050X

Insured name : PRACTITIONER'S NAME		KMPDC Registration number : "A/B/C/D/D/FXXXXX"
PIN number : A00XXX9X7XX	Policy number : 10XX40XX220XX	
Occupation / Profession : DOCTOR	Specialisation : DENTIST/MEDICAL	
Group : Specialist/General Practice	Sub Specialisation : SPECIALITY	
Period of insurance	From : 15-Jan-2025 16:49	To : 14-Jan-2026 23:59

No	Limits of indemnity	Amount (KSh)
1	Any one claim or series of claims arising out of any one event	-XXXXXXXXXX
2	All claims in any one period of insurance	XXXXXXXXXX
3	Loss of Documents	XXXXXXXXXX
4	Libel & Slander	XXXXXXXXXX
5	Dishonesty of employess	XXXXXXXXXX

Policy excess : KSHS.XXXXX/=FOR EACH AND EVERY CLAIM FOR MAIN LIMIT  
KSHS XXXXX/= FOR EACH AND EVERY CLAIM FOR SUB-SECTIONS

**SPECIAL CONDITIONS :** Subject to the terms,conditions and exceptions of the policy issued

**Issued By :** XXXXX Insurance Company Kenya Ltd  
**Postal Address :** P.O.box XXXXX-00100  
Nairobi  
Kenya  
**Telephone No :** +2547XXXXXXXXX  
**E-Mail Address :** info@email.com  
**Date of Issue :** 15/01/2025

Android

IOS



Scan to download the 'AKI VIC' Verification App  
to Verify the authenticity of the Certificate

**AUTHORIZED SIGNATORY**



Scan to Verify

Digitally signed  
by \*.dmvic.com  
Date:  
15.01.2025  
16:49 EAT



HEALTH INSTITUTION PROFESSIONAL INDEMNITY INSURANCE CERTIFICATE

INSURANCE COMPANY LOGO

Enter this Certificate Number as you renew your license

CERTIFICATE NO : PIH0XX5X2

Table with 3 columns: Insured name, PIN number, Policy number, Physical location, Town, County, Postal address, Email, Policy number, Telephone no, Period of insurance, From, To.

Table with 3 columns: No, Limits of indemnity, Amount (KSh). Contains 5 rows of indemnity limits.

Policy excess : AS PER POLICY EXCESS MEMO

SPECIAL CONDITIONS : Subject to the terms,conditions and exceptions of the policy issued

Issued By : XXXXXX Insurance Company Kenya Ltd
Postal Address : P.O.box XXXXX-00100 Nairobi Kenya
Telephone No : +2547XXXXXXXXX
E-Mail Address : info@email.co.ke
Date of Issue : 28/06/2025

Android

IOS



Scan to download the 'AKI VIC' Verification App to Verify the authenticity of the Certificate

AUTHORIZED SIGNATORY

Handwritten signature in blue ink



Scan to Verify

Digitally signed by \*.dmvic.com Date: 28.06.2025 11:36 EAT