HEALTH INSTITUTION PROFESSIONAL INDEMNITY INSURANCE CERTIFICATE

INSURANCE COMPANY LOGO

Enter this Certificate Number as you renew your license

CERTIFICATE NO : PIH0XX5X2

Insured name : HEALTH FACILITY NAME		KMPDC Registration number: 0***28/ GK-0*****4	
PIN number : P0XX45XXXXXX		Policy number : 10X3XXX02XXX00XX	
Physical location	Town : NAIROBI	County : Nairobi City	
Postal address : P.O BOX- XXXXX-XXXXX		Email : hospitalemail@gmail.com	
Policy number :1X3XXX02XXX00XX		Telephone no : +254X7XXXXXXX	
Period of insurance	From : 28-Jun-2025 11:36	To : 27-Jun-2026 23:59	

No	Limits of indemnity	Amount (KSh)
1	Any one claim or series of claims arising out of any one event	XXXXXXXXX
2	All claims in any one period of insurance	XXXXXXXXX
3	Loss of Documents	XXXXXXXX
4	Libel & Slander	XXXXXXXX
5	Dishonesty of employess	XXXXXXXX
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
Telphone No : +2547XXXXXXXX
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

Scan to Verify

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

SAMPLE SAMPLE SAMPLE