

**PROFESSIONAL INDEMNITY PROPOSAL FORM**  
 Part 1 – General Information

The proposal must be completed and signed by the Insured. This proposal is a quotation request and shall form the basis of the insurance contract between the Insured and the Insurer, on acceptance thereof by both parties. Making any false statements or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, as the case may be. A material fact is any fact that might influence the acceptance of the risk.

**1. Inception Date:**

D	D	M	M	Y	Y	Y	Y
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 Broker:

Name of Insured:

Name of Insured Practice:

Contact Person:  Contact No:

Postal Address:

Registered Address:

Identity Number: 

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 Registration No:

Telephone Number:  Fax Number:

Email Address:  Website:

Date established: 

D	D	M	M	Y	Y	Y	Y
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**PRESENT LEGAL CONSTITUTION**

(please mark the box with an (x))

Close Corporation  Limited Co.  Partnership  Sole Practitioner  Incorporated Co.

**2. Date of Commencement of Practice:**

2.1 As currently constituted  2.2. As Initially established

**3. Disciplines(s) in which engaged**

**4. Names & Qualifications of Directors**

Name	Qualification	Date Qualified	How long in practice

4.1 Number of other employees:

**5. Finance Details**

Please state your total fee income / commission (including fees paid to sub contractors and consultants)

Previous year:  Estimated for this year:

5.1. Indemnity Limit required

5.2. Excess

5.3. Retroactive Date

5.4. Reinstatement of Sum Insured YES  NO

5.5. Dishonesty of Staff: YES  NO

5.6. Libel and Slander: YES  NO

5.7. Loss of Documents: YES  NO

5.8. Computer Crime: YES  NO

**6. Claims History**

6.1. Has the company had any claims in the past five years? If "yes", please give details.

6.2 Has the company ever been declined Professional Indemnity / Fidelity Guarantee Insurance? If "yes" please specify:

6.3 Is any partner or director of principal aware, after inquiry, of any circumstances, which may result in any claim, being made against the firm, their predecessors in business or any of the present or past partners or directors of principal? If "yes" please specify:

6.4 Are you at present or have you in the past been insured? If "yes" please specify:

6.5 Is Indemnity to apply to any Principal who has left / retired / died? If "yes" please specify:

Name	Qualification	Date Qualified	How long in practice

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Part 2 – Architects

**1. Discipline in which engaged and in the case of multi-disciplinary practice the percentage of total fees attributable to each profession**

Profession	Percentage (%) of total fees
Architect:	%
Interior Designers:	%
Project Managers:	%
Town and Regional Planning	%
Other (Please specify)	%

**2. Fee Income Split**

Please give the approximate percentage applicable to these specified projects as a percentage of the total work that you have carried out during the past 12 months.  
 (All of these questions must be answered)

- a) Feasibility Studies, Reports, Surveys, etc (Where the applicant is not involved in actual design work) ..... %
- b) Mass Housing Schemes ..... %
- c) Standard Residential ..... %
- d) High Rise Buildings ..... %
- e) Schools, Hospitals & Municipal Buildings ..... %
- f) Industrial Systems Buildings ..... %
- g) Commercial Buildings ..... %
- h) Other work including any specialist activities not shown above (please specify) ..... %

**3. Contract Administration and Inspections:**

- a) Proportion of work where the Practice both designs, administers and inspects the actual construction ..... %
- b) Proportion of work where the Practice provides Technical administration of construction from the Design made by other Firms ..... %
- c) Proportion of work where the practice designs a document for construction but does not administer and inspect the actual construction ..... %

**4. Staff Complement:**

- 4.1 Partners / Principals / Directors:
- 4.2 Qualified Staff:
- 4.3 Draughtsman:
- 4.4 Trainee Staff:
- 4.5 Other Technical Staff:
- 4.6 All other Staff:
- 4.7 Total Complement:


**5. Professional / Business Relationships**

- a) Does the Practice or any Partner / Principal / Director have any association with or financial interest in any other Practice / Company / Organisation? If "yes" please specify.

- b) Is the Practice of any Partner / Principal / Director engaged with any other practice or person in a Single Project Partnership? If "yes" please specify.

- c) Is the Practice or any Partner / Principal / Director a member of a Consortium or Group Practice? If "yes" please specify.

**6. Does the Practice undertake any work whatsoever where the "end product" of such work is carried out in territories other than South Africa? If "yes" please give the following details.**

Country (PRIVATE)	Starting Date	Type of Contract	Total Contract Value	Approximate Completion

**7. Please state the 5 largest contracts commenced during the past 6 years:**

Country (PRIVATE)	Starting Date	Type of Contract	Total Contract Value	Approximate Completion

**8. When Independent or specialist consultants are required for any commission, have you in the past ensured, and will you in the future endeavour to ensure that such consultants are appointed directly to your client:**

- a) In the past YES  NO
- b) In the future YES  NO

**9. APPLICABLE TO LIMITED COMPANIES ONLY**

- 9.1 Do your charges accord with the scales sanctioned by the Professional Body in the field in which you are engaged? YES  NO

If NO, on what basis do you charge for your services? YES  NO

10. Are you involved with the Gautrain Project YES  NO

**11. Do you do any Project Management**

YES  NO

(If yes, additional proposal form required)

**TRADING CONDITIONS** (Please include a copy of your standard trading conditions)

Declaration

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete. I/We confirm that we have not misled or misinformed underwriters of any material facts, and agree that this proposal form shall be the basis of the insurance contract

Name:

Date

D	D	M	M	Y	Y	Y	Y
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Title/Position:

Signature

**\* Please attach a copy of your expiring Professional Indemnity Policy  
in order to confirm Retroactive Cover \***