

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: R Estimated for this year: R

5.1. Indemnity Limit required R

5.2. Excess R

5.3. Retroactive Date R

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

PROFESSIONAL INDEMNITY PROPOSAL FORM
 Part 2 – Design & Construct

1. Please give an approximate percentage split of the disciplining within your design and consulting department

Architect		%	Chemical Engineering		%
Civil Engineering		%	Soil Engineering		%
Structural Engineering		%	Nuclear Engineering		%
Mechanical Engineering		%	Land Surveying		%
Electrical Engineering		%	Quantity Surveying		%
Other (please specify)		%			

2. Division of work checklist

a) Please indicate the approximate percentage by value of the total work of the Design and Consulting Department according to type

APPROXIMATE PERCENTAGE

1. Feasibility studies, reports, surveys, etc.
2. Soil / Sub-Surface testing
3. Foundation / Underpinning / Piling
4. Heating, Ventilating, Air Conditioning
5. Sewerage / Water Schemes
6. Dams / Harbours / Jetties / Sea Defences
7. Chemical / Petro-Chemical / Nuclear / Atomic Projects
8. Tunnels / Mines
9. Bridges / Overpasses / Underpasses
10. Mechanical Plant / Bulk Handling Equipment / Silos', Etc.
11. High-Rise Building, i.e. Offices / Homes / Other
12. Low-Rise Housing Schemes
13. Schools/Hospitals/Other Municipal Buildings not incl. above
14. Industrial Plant and Systems not included above
15. Industrial Buildings not included above
16. Any other work incl. specialist activities not detailed above
(Specify)

Permanent Structures	Temporary Works
%	%
%	%
%	%
%	%
%	%
%	%
%	%
%	%
%	%
%	%
%	%
%	%
%	%
%	%
%	%

b) In the space provided for additional information, please state the type of work normally carried out, whether consisting of well established techniques or of the nature of new and original thought developments, processes or designs.

c) State whether and what licensing, or similar agreements are in force, and the degree to which supervision of them is exercised by associates.

3. Number of Staff:

3.1	Based in RSA or Namibia	Elsewhere
a) Principals & Senior Qualified members as listed		
b) Other Qualified Staff		
c) Other Technical Staff		

3.2 Do you use independent specialist consultants? If "Yes", please give details.

3.3 Are any persons ever hired from outside agencies on a short-term basis? If "Yes", please give details.

4. Definitions:

"Construction" includes installation, manufacture, repair, dismantling and the like. "Design and Consulting Services" includes all activities of a similar nature such as drawing up specifications, supervision of implementation of designs and specifications, project management of the structural, manufacturing, installation or repair projects.

A	Final value of ALL your contracts	During the past Financial Year	Estimate for the current Financial Year	In the RSA & Namibia	Elsewhere
i)	In Progress	R	R	R	R
ii)	Completed or to be completed in the respective Financial Year	R	R	R	R
B	Please split up these "Totals of all Contracts" into the final values contracts in which you perform(ed):	During the past Financial Year	Estimate for the current Financial Year	In the RSA & Namibia	Elsewhere
i)	Construction only				
ii)	Design & Consulting services as well as Construction.	R	R	R	R
iii)	Design and Construction services only	R	R	R	R
iv)	Totals of all Contracts	R	R	R	R
C	Turnover				
	Please give annual turnover	R	R	R	R

5. Number of Staff:

5.1	Please give details of notional or actual fees developed by the Design and Consulting Department	During the Past Financial Year	Estimate for the Current Financial Year
a)	Where the firm constructs own design by this Department	R	R
b)	Where design and consulting services are performed for others and the firm does no construction.	R	R
	Total Fees	R	R

5.2 Are these based on normal accepted professional scales?

YES NO

If "No" how are the fees established?

6. Are you financially associated with any other company or firm? If "Yes" please fill details.

7. During the past five years, has the name of the company or firm been changed or has any other business been purchased or any merger or consolidation taken place? If "Yes" please give details.

8. List the countries in which you provide Design and Consulting Services:

Country	Approximate Percentage of total Design and Consulting services by Value	Services solely provided from your offices in R.S.A. and Namibia
	%	YES / NO
	%	YES / NO
	%	YES / NO
	%	YES / NO

9. Details of recent large contracts:

a) Please give details of the largest contracts commenced during the last five years where the Design and Consulting Department has been involved.

Date Started	Name & Type of Project	Services Performed	Total Contract Value	Estimated Date of Completion
			R	
			R	
			R	
			R	
			R	

b) Give details of any major new operation being undertaken during the next twelve months.

10. Please provide any further details of the functions of your Design and Consulting Department that may be of interest to underwriters:

11. Is the work of all Associated and / or Subsidiary Companies and / or Departmental / Sections checked by Head Office? If "Yes" please give details.

12. Does the firm or company ever work in consortium (i.e. in a separate legal entity) with other persons, firms or companies in respect of Design and Consulting services for a single project? If "Yes" please give details.

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