

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

PROFESSIONAL INDEMNITY PROPOSAL FORM
 Part 2 – Consulting Engineers, Quantity & Land Surveyors

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

(Please be specific, e.g. Consulting Engineers – should distinguish between Civil, Structural, Mechanical, Electrical, Hydraulic, Ventilation and other activities)

Profession	<input style="width: 90%;" type="text"/>	Percentage of total fees	<input style="width: 90%;" type="text"/> %
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2. STAFF COMPLEMENT:

- 2.1. Partners / Principals / Directors
- 2.2. Qualified Staff:
- 2.3. Draughtsman:
- 2.4. Trainee Staff:
- 2.5. Other Technical Staff:
- 2.6. All other staff:
- 2.7. Total Complement:

3. Please provide a breakdown of clients:

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.

4. 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

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

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

6. Please give the approximate percentage applicable to these specified projects as a percentage of the total work which have carried out during the past 12 months. <i>(All these questions must be answered)</i>	APPROXIMATE PERCENTAGE <i>if "NONE" state "NONE"</i>
a) Feasibility studies, reports, surveys, etc. (where applicant is not involved in actual design work)	%
b) Bridges and/or tunnels	%
c) Dams	%
d) Mines	%
e) Harbours of Jetties	%
f) Sewerage schemes	%
g) Foundations and Underpinning	%
h) Soil Testing	%
i) Water Schemes	%
j) Nuclear or Atomic projects	%
k) Heating Ventilating and Air Conditions	%
l) Chemical, Petro-chemicals and Refineries	%
m) Housing Schemes	%
n) High Rise Buildings	%
o) Schools, Hospitals and Municipal Building	%
p) Industrial Systems Buildings	%
q) Mechanical Plant and Bulk Handling Equipment (including Silos etc.)	%
r) Other work including any specialist activities not shown above	%
100%	

SUPERVISION OF CONSTRUCTION

- a) Proportion of work where Firm both designs and supervises the actual construction %
- b) Proportion of work where Firm provides technical supervision of construction from the design made by other Firms. %

7. 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

8. Applicable to limited Companies only:

8.1. 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?

8.2. PLEASE ATTACH to this Proposal, specimens of the FORMS OF AGREEMENT, which you ordinarily enter into with your clients. YES NO

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

Title/Position:

Signature

Reference Number: