

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: Broker:

Name of Insured:

Name of Insured Practice:

Contact Person: Contact No:

Postal Address:

Registered Address:

Identity Number: Registration No:

Telephone Number: Fax Number:

Email Address: Website:

Date established:

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 – Project Managers

1. Does the Proposer have any fixed assets outside the Republic of South Africa? YES NO
If “Yes”, please state

2. Please state turnover for the past three (3) years:

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20() R 20() R

2.1. Show as a percentage of total turnover, the approximate division of duties undertaken

Conceptual design only	%
Conceptual and detailed design only	%
Design, manufacture and supply (no installation)	%
Design, manufacture, supply, install and commissioning	%
Full project management	%

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. Do you define turnover as:

- 3.1. Gross fees invoiced on a recognized Professional Body’s scale of recommended rates YES NO
3.2. Gross fees invoiced on an artificially depressed scale of rates? If “YES” then indicate by how much are the fees artificially depressed YES NO

3.3. The total value of all contract work executed in relation to which professional services have been provided? YES NO

3.4. Other (please specify below)

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

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

5. Please provide an approximate split of your turnover:

Buildings (excluding associated civils)	%	Bridges/culverts	%
Piling for buildings	%	Shaft sinking/tunnelling	%
Other foundation work for buildings	%	Off-shore work	%
Other foundation work (not for building)	%	Cooling towers/silos	%
Air-conditioning/commercial refrigeration	%	Conveying, crushing, screening and milling plant	%
Heating/boilers/pressure vessels	%	Solvent extraction and leaching equipment	%
Water reticulation	%	Hydrocarbon and petrochemical process plant	%
Sewerage reticulation	%	Other (please specify)	%
Electrical reticulation	%		

6. Is any radical change in the nature of activities anticipated in the next twelve (12) months? If "Yes", please state YES NO

7. When were design or project management activities first undertaken?

8. Names and Qualifications of Staff

"STAFF" should be construed as meaning all staff other than typists/receptionists (including agency personnel) employed by the Proposer in carrying out design/project management during the past twelve (12) months.

Name	Qualifications	Year Qualified	How long in this Practice?

9. Do you engage the services of independent or special consultants? YES NO

If "YES", give full details and whether you have and/or will either ensure they have Professional Indemnity Insurance for at least the amount of this proposal or have or will ensure that such consultants are engaged directly by the Employer (client).

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

ADDENDUM

If full Project Management undertaken please complete the following; do you undertake the services listed below.

Feasibility studies (general)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Road routing design and feasibility	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Cost estimates	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Cash flow forecasts	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Geotechnical services	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Design criteria	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Working drawings	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Flow sheets	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Drafting of contract conditions	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Quantity estimates	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Instructions to tenders	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tender adjudication/recommendation	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Approval of detailed design	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Coordination	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Expediting	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Quality control/assurance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Arranging site insurances	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Supervision of installation/construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Measurement	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Authorization of progress payments	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Administration of retention fund	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Supervision of installation/construction	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Measurement	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Authorisation of progress payments	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Administration of retention fund	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Supervision of commissioning	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certifying practical completion	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certifying final completion	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Issuing variation orders	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Settling contractual claims	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Certifying final payment	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Clearing, forwarding and customs clearance duties	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Others (please specify)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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