

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] **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: [www [_____]]

Date established: [D] [D] [M] [M] [Y] [Y] [Y] [Y]

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 – Estate Agencies

1. DESCRIPTION OF BUSINESS

Please state the percentage of income for each of the following activities:

Estate Agency	%
Building Society Agency	%
Valuations	%
Estate / Property Management	%
Sectional Title Administrators	%
Rent Collecting	%
Quantity Surveying	%
Auctioning	%
Architectural / Design & Planning Work	%
Loss Assessors & Adjusters	%
Insurance Agents without Binding Authority	%
Insurance Broking with Binding Authority to issue Cover Notes and/or Certificates, etc. or have claims settlement authorities on behalf of Insurers	%
Project Managers (Please supply details of this work)	%
Mortgage Broking	%

2. STAFF COMPLEMENT

Total Number of:

- a) Full Time Staff (Excluding Partners)
- b) Permanent / Part Time Staff

Names of all Partners	Qualifications	Year Obtained	How long a Partner in Firm

3. Have any claims ever been made against you, your Firm or their predecessors in business or otherwise in respect of liability to be covered by the Proposed Insurance? If "Yes" please give full details. YES NO
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4. Does the Firm employ any Independent Surveyor / Architect NOT being a Partner or Member of the Insured's staff for whom cover is required? YES NO
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Name	Qualification	Date Qualified

5. Retired / Deceased Partners for whom cover is required, and date they ceased practicing:

Retired / Deceased Partners	Date Ceased Practicing

6. Do you operate in any country other than R.S.A If "Yes" please give details: YES NO

7. Is the Firm a member of a Professional Association? If "Yes" please give details. YES NO

8. Do you undertake Valuations? If "Yes" please give details. YES NO

9. a) What system is in force to prevent time limits under Rent Act of Landlord and Tenant Act being overlooked?

b) Is any system in force to ensure that the provisions in respect of a) above is followed by members of staff. (e.g. how often does Senior Partner / Principal check that the system is being properly implemented?)

10. OPTIONAL EXTENSIONS

a) Replacement of Document loss YES NO

b) Dishonesty of Employees 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