

## IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

## 1 | GENERAL INFORMATION

### Details of entities to be insured (the "Proposer")

Proposer's Name:

ID number (if Sole Trader):

Head Office (Physical Address):

Postal Code:

Postal Address:

Postal Code:

Company Reg No:

VAT No:

Professional Association(s):

Contact Person:

Contact number:

Email:

Website:

Date Company Established / Services Commenced: / /

**As currently constituted** (If commenced within the past 24 months - Please attach CV of key personnel/Directors/Principals)

Date Company Established / Services Commenced: / /

**As initially established**

Company Legal Constitution:

Partnership / Private Company / Public Company / Close Corporation /  
Non-profit Organisation / Government / Sole Proprietor

PROFESSION/BUSINESS of Proposer/s:

## THE POWER OF KNOWLEDGE

## 2 | INSURANCE HISTORY

1 Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please state: Insurers: \_\_\_\_\_

Limit of Indemnity:	R
Excess:	R
Premium:	R
Date of expiry of coverage:	
Retroactive Date:	

2 For the type of Insurance now being proposed, has any Insurer ever:

i) Required an increased premium or imposed special terms?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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ii) Refused to accept or renew any insurance for the body corporate

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iii) Cancelled the insurance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If any answer is Yes to any of the above 3 questions, please provide full details


## 3 | REQUIRED COVER

1 State the LIMIT OF INDEMNITY and EXCESS required:

Limit	R	R	R
Excess	R	R	R

2 Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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3 Is cover required for predecessor practices to the Proposer/s?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, please provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

4 Is cover required for the previous business activities of any Principal?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If YES, please provide full details:

Name of principal:			
Name of previous firm:			
Period:	From / / To / /	From / / To / /	From / / To / /
Fees for last 3 years:	20__ R 20__ R 20__ R	20__ R 20__ R 20__ R	20__ R 20__ R 20__ R
Reason for leaving:			
Position in firm:			
Is there separate insurance covering the activities of this firm for the period stated above?			

5 Is cover required for any past partner or principal?

Yes

No

If Yes, please state:

Name of Partner / Principal	Qualifications	How long with the Proposer/s

#### 4 | PREVIOUS LOSSES / EXISTING CIRCUMSTANCES

1 Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

i) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?

Yes

No

ii) Cause any loss to the Proposer, any predecessor or any past or present Principal?

Yes

No

iii) Otherwise affect the consideration of this proposal for insurance?

Yes

No

If Yes, please provide details:


2 In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

Yes

No

If Yes, please identify details (including loss date, amount claimed and a brief description):


3 What steps have been taken to prevent a recurrence?


#### 5 | NAMES AND QUALIFICATION OF DIRECTORS/PARTNERS & KEY PERSONNEL

1 Please provide details of all current Principals/Directors including qualifications:

Name in full of all Principals/ Directors/Partners	Qualifications	Date Qualified	How many years full-time practical industry experience?

2 ADDRESS/ES of Proposer/s:

All addresses must be shown together with the Principal responsible for the work at each office

Address	Principal in charge

## 6 | STAFF COMPLIMENT

1 Please state total number of staff members:

Partners / Principals / Directors	
Professionally qualified Architects, engineers and Surveyors (excluding principals)	
Other technical	
Contract Hired Staff	
All other	
<b>Total</b>	

## 7 | ACTIVITIES

1 Do you sub-contract work to any outside party?

Yes  No

If Yes, please provide details:

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2 Please state for each of the following, the approximate percentage of the total work carried out by the Design and Consulting department in the last financial year;

Architectural		%
Civil Engineering		%
Structural Engineering		%
Mechanical Engineering		%
Electrical Engineering		%
Heating & Ventilation Engineering		%
Chemical Engineering		%
Soil Engineering		%
Nuclear Engineering		%
Surveying		%
Other work (give details)		%
<b>Total</b>		<b>100 %</b>

3 Does the Proposer/s engage in any of the following types of Work?

If Yes, please state what percentage of gross fees in the last complete year derived from each type:

	Design Only	Design and Construction
<b>a. Home Building</b>		
Individually designed	%	%
Multiple Low Rise	%	%
Multiple High Rise	%	%
Modular (repetitive design)	%	%
<b>b. Public/Commercial Buildings</b>		
Hospitals	%	%
Schools/Universities	%	%
Offices/Retail/Warehouses	%	%

	Design Only	Design and Construction
Local authorities	%	%
Parastatals	%	%
<b>c. Engineering Construction</b>		
Highways	%	%
Bridges/Tunnels/Dams	%	%
Harbours/Jetties	%	%
Sewage/Water Schemes	%	%
Mining	%	%
Shopping malls/ complexes	%	%
Dams	%	%
<b>d. Industrial</b>		
Power/Manufacturing Plants	%	%
Refineries/Petrochemical Installations	%	%
Mechanical Plant/Bulk Handling Equipment	%	%
Industrial Building Systems	%	%
<b>e. All other</b>		
(Please give details)	%	%
<b>Total</b>	<b>100 %</b>	<b>100 %</b>

4 Please provide details of any substantial changes and major new projects being undertaken during the next 12 months:

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## 8 | FINANCIAL INFORMATION

1 Please state the Firm's total gross turnover for each of the last 5 completed financial years:

	Last Year	Current Year Estimate	Forthcoming financial year
Year end:	/ /	/ /	/ /
Home:	R	R	R
Overseas (excl. USA & Canada):	R	R	R
USA & Canada:	R	R	R

2 Please break your turnover down as follows:

	Current Financial		Next Financial year	
	Home	Overseas	Home	Overseas
i) Turnover where the Firm designs and constructs from its own design and provides full technical supervision				
ii) Fees where the Firm provides design and technical services only (i.e. no construction is undertaken by the Firm)				

	Current Financial		Next Financial year	
	Home	Overseas	Home	Overseas
iii) Fees where the Firm provides project management or supervision of construction services only (i.e.no construction is undertaken by the Firm)				
iv) Turnover where the Firm constructs from others' design performed on behalf of the Firm (i.e. where there is a contingent design liability)				
v) Turnover where the Firm constructs from others' design and others' technical supervision				
vi) Other turnover not mentioned above (please give details) - these activities will not normally be covered				
<b>Total</b>				

2 Does the turnover in question 1 above relate to any advisory or design services?  Yes  No

IF YES, please provide full details, including the approximate turnover involved:


## 9 | ADDITIONAL INFORMATION

1 Please give details of the 5 largest contracts undertaken by the Design and Consulting department, where construction has commenced during the last 5 years:

	Start Date	Approx. Completion Date	Firm's Contract Value	Total Contract Value	Description of Services Performed
1					
2					
3					
4					
5					

2 Do you engage in, or are you responsible for, the manufacture or fabrication of any pre-engineered unit?  Yes  No

If Yes, please provide full details and explain where the relevant turnover has been declared in Question 7.3


3 Do you ensure that any consultants for which you are responsible have a professional Indemnity policy in force?  Yes  No

4 Do you have a formal quality assurance or control programme in force?  Yes  No

If Yes, please provide full details:




5 i) Does any client or contract represent more than 50% of your annual work?

Yes	<input type="checkbox"/>
Yes	<input type="checkbox"/>

No	<input type="checkbox"/>
No	<input type="checkbox"/>

ii) Have you ever failed to complete a project?

If Yes, to either, please provide full details:


6 Does the work carried out consist of well-established techniques?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If No, please provide full details:


7 i) Is the Firm/s or has the Firm/s been a member of a consortium or group practice or engaged with any other party in a Single project Partnership?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If Yes, please provide full details (including names of other parties) special arrangements must be made to cover this type of work


ii) Does the firm/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If Yes, give full details of the nature of the association together with the name and business of the third party.


**Please read this paragraph carefully before signing the declaration:**

It is essential that every Firm or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

## DECLARATION

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

.....	.....
<b>NAME</b>	<b>CAPACITY</b>
.....	.....
<b>SIGNATURE OF THE PROPOSER</b>	<b>DATE</b> DD/MM/YYYY

## BROKER DETAILS

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Broker: .....	
Contact Person: .....	Tel: .....
Email: .....	Fax number: .....