



In association with **Hollard.**

# PROPOSAL FORM Attorneys PI

**Hollard.**

Underwritten by The Hollard Insurance Co. Ltd,  
an authorised Financial Services Provider

[www.itoo.co.za](http://www.itoo.co.za) | [@itooexpert](https://twitter.com/itooexpert)

ITOO is an Authorised Financial Services Provider. FSP No. 47230



Please answer **ALL** questions completely  
 Should any question or part thereof not be applicable, please state "N/A"  
 Should insufficient space be provided, please continue on your company letterhead

1. Name of Insured \_\_\_\_\_
2. Physical Address \_\_\_\_\_
3. VAT Number \_\_\_\_\_
4. Company Website \_\_\_\_\_

5. Total gross income/Fees for the current and the past 3 financial years

|              |  |                            |  |        |  |
|--------------|--|----------------------------|--|--------|--|
| Year 1       |  | Year 2                     |  | Year 3 |  |
| Current year |  | Date of financial year end |  |        |  |

6. Is the Proposer controlled, owned or associated with any other firm, corporation or company

7. Number of principals, partners, officers and professionals

8. Number of non-professional employees

| Name of all partners / principals / key employees | Professional qualification | Date qualified | How long partner/ principal in practice |
|---------------------------------------------------|----------------------------|----------------|-----------------------------------------|
|                                                   |                            |                |                                         |
|                                                   |                            |                |                                         |
|                                                   |                            |                |                                         |
|                                                   |                            |                |                                         |
|                                                   |                            |                |                                         |

9. Does the Proposer belong to any professional association(s)

10. Does the Proposer use a written contract with clients

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

*If **YES**, please attached a copy of your standard contract*



11. Does the Proposer have any Risk Management Procedures in place to assist in preventing claims

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

*If **YES**, please provide details*

12. What percentage of the Proposer's business involves sub-contracting to others

13. Does the Proposer use a written contract with such sub-contractors

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

14. Do you limit your liability under contract

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

*If **YES**, please attached a copy of your standard contract*

15. Is any work undertaken currently or planned to be undertaken outside of South Africa

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

16. Does the Proposer currently have PI cover in place

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

*If **YES**, please provide details*

a. Name of Insurer

b. Expiry Date

c. Limit of Indemnity

d. Retroactive Date

e. Deductible

f. Premium

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

17. Has any similar insurance ever been declined or cancelled

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

*If **YES**, please provide details*

18. Does any person to be insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim against him or the Proposer

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

*If **YES**, please provide details*



19. Have any PI claims been made against any proposed Insured(s) during the past five years

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If **YES**, please provide details

## ACTIVITIES

1. Disciplines in which you are engaged

|              |   |                         |   |
|--------------|---|-------------------------|---|
| Commercial   | % | Patents and Trade Marks | % |
| Conveyancing | % | Debt Collection         | % |
| Criminal     | % | Litigation              | % |
| Matrimonial  | % | Other                   | % |

Please specify 'Other'

2. Countries in which you operate

|              |   |           |   |
|--------------|---|-----------|---|
| South Africa | % | Swaziland | % |
| Mozambique   | % | Botswana  | % |
| Angola       | % | Zimbabwe  | % |
| Namibia      | % | Other     | % |

Please specify 'Other'

3. Value of funds currently in our Trust Fund Account

## LIMIT OF INDEMNITY

|            | Option 1 | Option 2 | Option 3 | Option 4 |
|------------|----------|----------|----------|----------|
| Quote      |          |          |          |          |
| Deductible |          |          |          |          |



## DECLARATION

I/We, the undersigned, declare that the statements set forth in this proposal form together with any other information supplied are true and correct and that I/we have not misstated or suppressed any material facts.

I/We agree that this proposal form together with any other information supplied by me/us shall form the basis upon which the contract of insurance is concluded and shall be incorporated therein.

I/We further undertake that in the event that the information provided changes between the date of this application and inception of cover, I/We will notify ITOO of such changes as soon as reasonably possible.

---

Name (duly authorised)

---

Designation

---

Signature

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|