



Professional Indemnity Proposal Form for Design and Construct

This is a proposal for a claims made policy

The policy will only respond to claims and/or circumstances, which are first made against the Insured and notified to the Insurer during the policy period. **The policy will not provide cover for:-**

- Events that occurred prior to the retroactive date of the policy.
- Claims made after the expiry of the policy period even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period, which you knew had the potential to give rise to a claim under the policy.

DISCLOSURE

You must disclose to the Insurer all information which is material to it in deciding whether to issue insurance cover to you, including any facts or conduct which might lead to a claim being made against you. Failing to do so could affect your rights to indemnity.

If you do not understand any part of this document, please contact your Broker BEFORE YOU SIGN IT. You will be bound by the answers, which are given, and by the information provided by you in this proposal form. It is in your interest to make sure that all information is correct and properly understood.

When in doubt disclose

ATTACHMENTS

Before you return this form, have you included the following (please indicate by ticking the boxes):

Company brochure/ additional information:

Claims information (if relevant):

Please attach details where not enough space on the proposal



Professional Indemnity Proposal

1. Details of Proposed Insured:

a. Insured / Practice Name :

*(Please attach details of
all subsidiary companies)*

b. Postal Address:

c. Telephone Number : _____

Fax : _____

d. E-Mail address: _____ Web Site: _____

e. VAT Registration No : _____

f. Present Legal Constitution (Mark Relevant Box)

Sole Practitioner Partnership Incorporated Co. Limited Co. Closed Corp.

g. Date of commencement of Practice :

As currently constituted : _____

As initially established : _____

h. Names and Qualifications of Principals.

I. In case of Partnerships – Partners

II. In case of Incorporated Companies – Directors

III. In case of Limited Companies – Professionally qualified Directors and Employees

IV. In case of Closed Corporations – Members

Name	Qualifications	Date Qualified	How long Principal in this Practice

i. Are any branches of the Proposed Insured located outside of South Africa? Yes / No

If yes, please provide full details:



2. Detailed Business Description:

(if engaged in multiple disciplines, please provide a percentage split – total must add up to 100%)

3. Claims experience

- a. Have any claims ever been made against the proposed Insured / Partners / Directors / members or Employees for the type of cover for which you are now applying, whether in terms of this Proposal or any other Proposal / Policy for the same type of cover (including but not limited to Single Projects)?
Yes / No

If yes, please provide full details:

- b. After enquiry, are any of the Proposed Insured / Partners / Directors / Members or Employees aware of any circumstances which would be covered under a policy of this type, or any other Policy for the same type of cover (including but not limited to Single Projects), that may result in any claims or any possible claims being made against them? Yes / No

If yes, please provide full details:

4. Details of Insurance

- a. Are you at present or have you in the past been Insured? Yes / No

If yes, please provide the following details:

Name of Insurers : _____

Date cover expires/d : _____

Expiry of "Run-off" cover (if any) : _____

Limit of Liability : _____

Excess applicable : _____

- b. For the type of Insurance now being proposed, has any Insurer ever :
- I. declined a Proposal or renewal for this Practice or any Partner / Principal? Yes / No
 - II. required an increased premium or imposed special terms? Yes / No
 - III. cancelled an Insurance? Yes / No



If yes, please provide full details:

- c. Do you require cover in respect of any liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated? Yes / No

5. Please give an approximate percentage split of the disciplining within your design and consulting department:-

Activities		Approximate Percentage (State "NONE" where applicable)	Activities		Approximate Percentage (State "NONE" where applicable)
5.1	Architectural	%	5.7	Soil Engineering	%
5.2	Civil Engineering	%	5.8	Nuclear Engineering	%
5.3	Structural Engineering	%	5.9	Land Surveying	%
5.4	Mechanical Engineering	%	5.10	Quantity Surveying	%
5.5	Electrical Engineering	%	5.11	Other Please specify:	%
5.6	Chemical Engineering	%		TOTAL OF ALL ACTIVITIES	100%

6. Division of work checklist

- a. Please indicate the approximate percentage by value of the total work of the Design and Consulting Department according to type:-

Activities	APPROXIMATE PERCENTAGE		Activities	APPROXIMATE PERCENTAGE	
	Permanent Structures	Temporary Works		Permanent Structures	Temporary Works
1 Feasibility studies, reports, surveys etc.	%	%	9 Bridges / Overpasses / Underpasses	%	%
2 Soil / Sub-Surface testing	%	%	10 Mechanical Plant / Bulk Handling Equipment / Silos, etc	%	%
3 Foundation / Underpinning / Piling	%	%	11 High-Rise Buildings, i.e. Offices / Homes / Other	%	%
4 Heating, Ventilating, Air Conditioning	%	%	12 Low-rise Housing Schemes	%	%
5 Sewerage / Water Schemes	%	%	13 Schools / Hospitals / Other Municipal Buildings not included here	%	%



6	Dams / Harbours / Jetties / Sea Defenses	%	%	14	Industrial Plant and Systems not included above	%	%
7	Chemical / Petro-Chemical / Nuclear / Atomic Projects	%	%	15	Industrial Buildings not included above	%	%
8	Tunnels / Mines	%	%	16	Any other work including specialist activities not detailed above. Please specify	%	%
						100%	100%

b. In the space provided, please state the type of work normally carried out, whether consisting of well established techniques or of the nature of new and original thought developments, processes or designs.

c. State whether and what licensing, or similar agreements are in force, and the degree to which supervision of them is exercised by associates.

6.2. Is or will your practice be involved in any work on the Gautrain Project? Yes / No

If yes, please provide the following information:

6.2.1. Contract details

6.2.1.1. Commencement Date and Project Period: _____

6.2.1.2. Run –off Period: _____

6.2.1.3 Anticipated Fees (Total and by Year): _____

6.2.1.4 Type of / Details of Contract:

(Please attach details if not enough space)

6.2.1.5. Contract Value:



6.2.2. Contract Management

6.2.2.1. If the Contract is larger / longer than the normal projects undertaken, advise details of how the Project will be managed:

(Please attach details if not enough space)

6.2.3. Limit & Deductible

6.2.3.1. Advise Limit of Liability required:

6.2.3.2. Advise Deductible required:

6.3. **Please provide us with details of any other projects being worked on of an unusual or special nature (outside the normal scope of business) or with a total contract value in excess of R 500M?**

6.4. Tidal Waters (ocean, coastal, river mouth or estuarine waters coming under the continual influence of the tides)

6.4.1. Is or will your practice operate or undertake any projects that could be affected by tidal Waters?
Yes / No

6.4.2. Is or will your practice operate or undertake any projects on reclaimed coastal land? Yes / No

6.4.3. If yes, please provide the following information:

6.4.3.1. Are these projects normal to your business practice? Yes / No

6.4.3.2. What is your experience in this discipline? _____

6.4.3.3. Do you employ the necessary specialists within your practice? Yes / No

6.4.3.4. Are the techniques used tried and tested or new?

6.4.3.5. Advise the anticipated Fees from such projects.

6.4.3.6. Advise any previous losses / circumstances.



7. Staff details

7.1 Staff Complement

		Based in RSA	Elsewhere
a.	Principals and Senior Qualified members as listed.		
b.	Other Qualified Staff		
c.	Other Technical Staff		
d.	All Other Staff		

7.2 Do you use independent specialist consultants?

Yes / No

If yes, please provide full details:

7.3 Are any persons ever hired from outside agencies on a short-term basis? Yes / No

If yes, please provide full details:

8. Definitions

“Construction” includes installation, manufacture, repair, dismantling and the like.

“Design and Consulting Services” includes all activities of a similar nature such as drawing up specifications, supervision of implementation of designs and specifications, project management of the structural, manufacturing, installation or repair projects.

9. Contract values

9.1	Final Value of ALL your contracts	During the past Financial Year	Estimate for the current Financial Year	In the RSA	Elsewhere
a.	In Progress	R	R	R	R
b.	Completed or to be completed in the respective Financial Year.	R	R	R	R
TOTALS OF ALL CONTRACTS		R	R	R	R

9.2	Please split up these “TOTALS OF ALL CONTRACTS” into the Final values contracts in which you perform(ed):	During the past Financial Year	Estimate for the current Financial Year	In the RSA	Elsewhere
a.	Construction only	R	R	R	R
b.	Design & Consulting services as well as Construction.	R	R	R	R



c.	Design and Construction Services only	R	R	R	R
TOTALS OF ALL CONTRACTS		R	R	R	R

9.3	Turnover	During the past Financial Year	Estimate for the current Financial Year	In the RSA	Elsewhere
Please give annual Turnover		R	R	R	R

10. Fees

10.1 . Please give details of notional or actual fees developed by the Design and Consulting Department.

		During the Past Financial Year	Estimate for the Current Financial Year
a.	Where the Firm constructs own design by this Department	R	R
b.	Where design and consulting services are performed for other and the firm does no construction.	R	R
Total Fees		R	R

10.2 . Are these based on normal accepted professional scales? Yes / No

If No, how are the fees established?

11. **Are you financially associated with any other company or firm?** Yes / No

If Yes, please provide full details:

12. **During the past five years, has the name of the company or firm been changed or has any other business been purchased or any merger or consolidation taken place?** Yes / No

If Yes, please provide full details:



13. **List the countries in which you provide Design and consulting services:**

Country	Approximate Percentage of total Design and Consulting Services by Value	Service solely provided from your offices in RSA
	%	YES / NO
	%	YES / NO
	%	YES / NO
	%	YES / NO

14. **Details of recent large contracts**

- a. Please give details of the largest contracts commenced during the last five years where the Design and Consulting Department has been involved.

Date Started	Name & Type of Project	Services Performed	Total Contract Value	Estimated Date of Completion

- b. Give details of any major new operation being undertaken during the next twelve months:

15. **Please provide any further details of the functions of your Design and Consulting Department that may be of interest to underwriters:**

16. **Is the work of all Associated and / or Subsidiary Companies and / or Departmental / Sections checked by Head Office?** Yes / No

If Yes, please provide full details:



17. Does your firm or company ever work in consortium (ie. In a separate legal entity) with other persons, firms or companies in respect of Design and Consulting Services for a single project?

Yes / No

If Yes, please provide full details:

18. Fee income (as at the company's financial year end)

Please give the audited fees for the past 5 years:

Year End	Fees
	R
	R
	R

Year End	Fees
	R
	R
Estimate for next 12 months	R

19. Quotations required

19.1 Limit any one period of insurance inclusive of costs and expenses.

R _____

R _____

R _____

19.2 Deductible (Excess)

(The amount carried by Insured per claim)

R _____

R _____

R _____

19.3 Do you require a quote on one or two reinstatements of the Limit during the period of Insurance? Yes / No

Declaration:

- ❖ I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not miss-stated or suppressed any material fact.
- ❖ I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.
- ❖ I/we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed on behalf of Insured

Full name

Position held at Insured
