



In association with **Hollard.**

# PROPOSAL FORM Miscellaneous PI

**Hollard.**

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

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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	
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*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	
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*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	
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14. Do you limit your liability under contract

Yes		No	
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*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	
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16. Does the Proposer currently have PI cover in place

Yes		No	
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*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	
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*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	
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*If YES, please provide details*



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

Yes		No	
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If **YES**, please provide details

## ACTIVITIES

1. Please describe in detail the professional activities for which coverage is required

2. Split the business activity by revenue as a percentage

Activity	% of income / fees

## 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
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