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PROFESSIONAL INDEMNITY PROPOSAL FORM FOR ATTORNEYS, NOTARIES AND CONVEYANCERS

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

1. Details of Proposed Insured

1.1 Please provide the following details:-

Insured / Practice Name <i>(Please attach details of all subsidiary companies)</i>			
Postal address			
Telephone Number		Fax Number	
E-Mail address		Website address	
VAT Reg. Number		Company Reg. No.	
Present Legal Constitution	Sole Practitioner <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated Co. <input type="checkbox"/> Limited Co. <input type="checkbox"/> Closed Corp. <input type="checkbox"/>		
Date of commencement of Practice	As currently constituted		
	As initially established		

1.2 Are any branches of the Proposed Insured located outside of South Africa? Yes / No
If yes, please provide full details:

1.3 Names and Qualifications of Principals.

- a) In case of Partnerships – Partners
- b) In case of Incorporated Companies – Directors
- c) In case of Limited Companies – Professionally qualified Directors and Employees
- d) In case of Closed Corporations – Members

Name	Qualifications	Date Qualified	How long Principal in this Practice

1.4 Staff complement

Total Number of:

Partners / Principals / Directors		Articled Clerks	
Professional Assistants		All Other Staff	
Total			

2. Detailed Business Description:

2.1 Please provide full details of all activities involved in:
(if engaged in multiple disciplines, please provide a percentage split – total must add up to 100%)

2.2 Nature of Practice: - “Attorney, Notary and Conveyancer” is defined in the policy as “including such activities not reserved by law to Attorneys, Notaries and Conveyancers as are generally and legitimately conducted as part of a legal practice.”

Please indicate whether your Practice includes:

a) Insurance, Building Society Agencies, Real Estate, Co-Operative Society and / or similar Commercial Agencies	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b) The provision of investment, mortgage of bail bond services	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c) The provision of investment advice as distinct from investment services	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d) Any other activity not generally engaged in by legal practices in South Africa	Yes <input type="checkbox"/> / No <input type="checkbox"/>

If yes to any and if cover is required in respect thereof, please specify each such activity. Indicate the Principal(s) primarily responsible and the approximate contribution of the particular activity to gross annual fee income.

Principal	Activity	Approximate Contribution	Gross Annual Fee Income
		R	R
		R	R
		R	R

3. Claims experience

3.1 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? Yes / No

If yes, please provide full details:

3.2 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, 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

4.1 Please provide the following detail in respect of cover your firm obtains from the Attorneys Insurance Indemnity Fund (AIIF) Professional Indemnity Scheme:-

Limit:	
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4.2 Other than the cover afforded under the AIIF, do you at present or have you in the past had any other policy/ies of this type of Insurance cover in place? Yes / No
(This includes any "Top-Up" cover over and above the AIIF cover)

If yes, please provide the following details and attach a copy of the Policy (please note the details of all policies if there is more than one in place):

Name of Broker:	
Name of Insurer:	
Date cover expires/d:	
Expiry of "Run-off" cover (if any):	
Limit of Indemnity:	
Deductible / Excess applicable:	
Premium:	

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

If yes, please provide full details:

4.4 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 (Retroactive cover)? Yes / No

5. Business conducted outside South Africa.

5.1 Do you or your firm do any business for your clients in the U.S.A, Canada, Australia or any other countries / states governed by their laws? Yes / No

If Yes, please provide the following details:-

a) What percentage of your fees are attributable to these activities? _____

b) Do you have physical offices in these areas? Yes / No

If yes:-

i) Under who's Management and Control are these offices? _____

ii) Is there any foreign shareholding in these offices and if so what percentage?

Yes / No _____ %

iii) Do you give any advice relating to the Laws of these Countries? Yes / No
 (if yes provide full details)

5.2 Does the company or any partner, Director, etc. own any assets in the U.S.A, Canada or Australia? Yes / No

If yes, please provide full details:

6. Inter partnership arrangements

8.1 Do you have any inter-partnership arrangements with other Attorneys, or firms of Attorneys? Yes / No

8.2 If yes, do these firms carry out work in the name of your firm or vice-versa? Yes / No

8.3 Do they have Professional Indemnity cover in place and if so at what Limit of Indemnity?

Yes / No R _____

8.4 If they carry out work in your name, please submit a declaration from them that their partners are, after enquiry, not aware of any circumstances which may result in any claim being made in connection with work undertaken on your behalf.

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

7.1 What is the date of the Company's financial year-end: _____

7.2 Please give the audited fees for the last 5 completed financial years (which must include contingency fees):

Year End	Fees
	R
	R
	R

Year End	Fees
	R
	R
Estimate for next 12 months	R

7.3 Approximate percentage of estimated gross income accruing from various activities

Activity	Percentage		Percentage
Conveyancing	%	Patents	%
Commercial	%	M.V.A	%
Probate	%	National Housing Board	%
Deceased Estates	%	Sequestrations	%
Curatorships	%	Business Recovery / Rescue	%
Criminal	%	Intellectual Property	%
Matrimonial	%	Medical Malpractice Litigation	
		For Plaintiff	%
		For Defendant	%
Other Activities (Please provide full details)	%		

Total (must add up to 100%)

8. **Trust Monies**

8.1 In respect of Trust Money, please indicate the amount of Trust Money held at the Financial Year End for the last three years.

Year End	Amount held in Trust
	R
	R

Year End	Amount held in Trust
	R

8.2 At what intervals are Trust Money balances checked by:

a) an internal audit of one of the Partners? _____

b) an audit by the firm's Auditors? _____

9. **Quotations required**

9.1 Kindly advise what limits you would like terms for:-

Professional Indemnity (Limit VAT inclusive)	Misappropriation of Trust Funds (Limit VAT exclusive)
R	R
R	R
R	R

(Note: Limit any one period of insurance is inclusive of costs and expenses)

9.2 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

Date