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**PROFESSIONAL INDEMNITY PROPOSAL FORM
FOR
BUILT ENVIRONMENT PROFESSIONALS**

- * For accurate assessment of your liability and to avoid any delay with the Quote, please answer all the following questions with: **Relevant details, “YES”, “NO” or “NIL”**
- * Please ensure that you complete the current Proposal Form. Completion of the form does not bind the Proposer or Insurers to complete the Insurance transaction.
- * Any change in risk or claim or claim circumstance occurring between the date of this proposal and the renewal or inception date of the policy must be advised to Underwriters.
- * If this proposal is being completed for the renewal of an existing Leppard and Associates (Pty) Ltd policy, please remember that cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension is requested and has been granted from Underwriters or renewal terms have been accepted by you in writing.
- * Claims Made Policy means:
 1. Cover is in respect of claims made against you or circumstances that you become aware of that may give rise to a claim on or after the retroactive date and advised by you to Insurers as soon as practicable.
 2. The retroactive date is the date inserted into the policy in terms of which claims arising out of work done prior to this date are excluded from cover.

SHARING THE LIGHT TO GROW OTHERS

WHO ARE YOU?

1. **Name of Firm** (Your legal entity - please be accurate - to be used on your policy contract)

2. **Postal Address** _____

Physical Address of Principal Firm/Office

4. **Subsidiary Firms and Offices** (provide name, city and country)

5. **Phone Number:** _____ **Fax Number:** _____

6. **E-mail address:** _____ **Web Site:** _____

7. **Registration Numbers:** (a) **Company:** _____

(b) **VAT:** _____

8. **Date of Commencement of Firm:** _____

9. **Professional Bodies** (please provide details of any Professional or Regulatory Bodies that you are a member of)

YOUR STAFF RESOURCES AND SKILLS

10. **Number of:** (a) Principals _____ (b) Professional / Qualified Staff _____

(c) Others: _____ (d) Total _____

11. **Principals: names, academic qualifications and experience (this and previous practices)**

Name	Qualifications / University / Institution	Date qualified	Number of years experience

12. Do you have a FORMAL ongoing staff training programme?

YES	NO
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WHAT YOU DO

13. **Business description** (please be accurate – your policy contract is based on this information)

14. **Your Disciplines** (approximate percentage of total fees attributable to each discipline – total 100%)

Civil	%	Environmental	%
Structural	%	Chemical and Process	%
Electrical	%	Project Management	%
Mechanical	%	Architecture	%
Geotechnical	%	Quantity Surveying	%
Mining	%	Land Surveying	%
Other: please specify			%

15. **Your Activities** (approximate percentage of total fees attributable to each activity – total 100%)

Design Work	%	Payment authorisation, retention fund administration	%
Supervision of installation or construction	%	Cost, quantity and cash flow estimates	%
Feasibility studies with no design	%	Certification of stages of and final completion	%
Expert witness, failure investigation and reporting	%	Other : please specify	%

16. **Your work outside the Republic of South Africa**

Do you undertake any work whatsoever where the “end product” of such work is carried out in territories other than South Africa?

YES	NO
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If yes, please advise:

Country	Approximate percentage of fees

17. Joint Venture(s)

Are you involved in any project where you have agreed with others to jointly perform work, either in your name or otherwise?

YES	NO
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Note: The Leppard Underwriting policy automatically provides insurance cover for the extent of liability devolving upon you arising out of the Joint Venture(s) **provided the Joint Venture is not separately insured and you have declared the fees you earn from the Joint Venture(s).**

In respect of any Joint Venture(s) not separately insured and where insurance cover is required, please ensure you declare the fees you earn in the Financial Declaration below.

YOUR RISK MANAGEMENT

18. Your business / constitution of the practice

Have there been any material changes or are any material changes planned in respect of the business or constitution?

YES	NO
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If yes, please advise full details:

19. Your quality and risk management

19.1 Does the practice apply a FORMAL Quality Management System (QMS)?

YES	NO
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If yes, please provide an overview and confirm whether it is subject to an external review process:

If you have no QMS , please explain:

19.2 Does the practice have a DEDICATED individual responsible for risk management and quality control?

YES	NO
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If yes, Name _____ Position _____

19.3 Does the practice utilise any legal risk management service?

YES	NO
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If yes, please advise full details:

19.4 When Independent or Specialist Consultants are required on a project do you ALWAYS ensure that their appointment is made directly by your client?

YES	NO
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If NO indicate what approximate % of projects you ensure this occurs.

%

19.5 Indicate in approximate % terms how often you limit your liability, IN WRITING, on a project?

%

YOUR CLAIMS AND INSURANCE HISTORY

20. **Your current / previous claims (past five years)**

YES	NO
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20.1 Have you during the past 5 years had a claim made against you for damages, whether insured or not, arising out of services you have performed?

20.2 Are you aware, AFTER ENQUIRY, of any circumstances that may give rise to a claim being made against you for damages, whether insured or not, arising out of services you have performed?

YES	NO
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If yes, to either question, please advise full details:

21. Your current / previous insurance

In respect of your Professional Indemnity, has any Insurer ever:

21.1 Declined to provide you or any of your principals an insurance policy?

YES	NO
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21.2 Imposed special terms?

YES	NO
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21.3 Cancelled an insurance policy?

YES	NO
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If yes, please advise full details:

YOUR FINANCIAL DECLARATION

22. Your Gross Fee Income

Please provide your audited or equivalent figures as at your financial year end, excluding VAT and reimbursable costs.

	PREVIOUS completed Financial Year ending	LAST completed Financial Year ending	ESTIMATED PRESENT Financial Year ending
Year end date			
Gross Fees excluding Joint Venture Fees	R	R	R
Joint Venture Gross Fees	R	R	R
Total Gross Fees	R	R	R
Less: Fees paid to sub-consultants	R	R	R
NET FINANCIAL YEAR END FEES	R	R	R

COVER YOU REQUIRE

23. Your current insurance cover

23.1 Are you currently insured?

YES	NO
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If yes and in order for us to provide continuity of insurance cover please attach a copy of your current policy and/or schedule.

24. Your Quotation required

24.1 Limit of Indemnity

options (inclusive of costs and expenses)

R R.....

R R.....

24.2 If you are NOT currently insured do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance?

YES	NO
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SUMMARY OF COVER

- 25. (a) **Legal Liability** as a result of Negligent act, error or omission.
- (b) Costs of restoring or replacing your own **documents** accidentally damaged, lost or stolen.
- (c) **Fee Recovery**: legal costs incurred by you to recover fees due to you.

MATERIAL INFORMATION

This form has prompted you to provide certain information. There may be additional material information which is specific to your business profile and which has not been provided above. This material information should be declared to us separately.

Material information means any information which might influence our judgment in accepting your risk. If you wilfully suppress or conceal or fail to disclose material information this could affect indemnity. Disclosing information will also allow us to assess your risk positively which could lead to significantly improved policy terms.

YOUR DECLARATION

I/we hereby declare that the above statements and particulars are true and complete and that at the present time, other than as stated above, I/we have no reason to anticipate any claim being brought against me/us that would constitute a claim under the insurance now being requested.

I/we agree that this proposal and declaration, together with any other material information supplied by me/us shall be the basis of the contract between me/us and Insurers. I/we undertake to inform Insurers at all times of any material changes to the risk.

Full Name of Signatory

Date

Authorised signatory of the Proposer