

HEAD OFFICE:

Tel: (011) 482 5452

Fax: 086 542 0506

126 Bram Fisher Drive, Ferndale, 2194

PO Box 2103, Pinegowrie, 2123

admin@khanyisabrokers.co.za



An Authorised Financial Services Provider: License Number – 31213

SEBOKENG OFFICE:

Cell: 076 923 6088

1108 Ext 2, Zone 6

Sebokeng, Vaal Triangle, 1983

lifeadmin@khanyisabrokers.co.za

PROFESSIONAL INDEMNITY PROPOSAL FORM FOR CONSULTING ENGINEERS, QUANTITY AND LAND SURVEYORS

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

SHARING THE LIGHT TO GROW OTHERS

PROFESSIONAL INDEMNITY PROPOSAL

1. Details of Proposed Insured:

1.1 Insured / Practice Name :

(Please attach details of all subsidiary companies)

1.2 Postal Address: _____

1.3 Telephone Number : _____

Fax : _____

E-Mail address: _____ Web Site: _____

VAT Registration No : _____

1.4 Present Legal Constitution (Mark Relevant Box)

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

1.5 Date of commencement of Practice : As currently constituted : _____

As initially established : _____

1.6 Names and Qualifications of Principals.

In case of Partnerships – Partners

In case of Incorporated Companies – Directors

In case of Limited Companies – Professionally qualified Directors and Employees

In case of Closed Corporations – Members

Name	Qualifications	Date Qualified	How long Principal in this Practice

1.7 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

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 (including to limited to Single Projects)?

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, 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

4.1 Are you at present of 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 : _____

4.2 For the type of Insurance now being proposed, has any Insurer ever :
 Declined a Proposal or renewal for this Practice or any Partner / Principal? Yes / No
 Required an increased premium or imposed special terms? Yes / No
 Cancelled an Insurance? Yes / No

If yes, please provide full details:

4.3 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. Staff complement

Total Number of :

Partners / Principals / Directors		Qualified Staff	
Draughtsman		Trainee Staff	
Other Technical Staff		All other staff	
Total Staff Complement			

6. Disciplines in which engaged. Please provide the percentage of total fees attributable to each profession. (Total percentage must add up to 100%)

Activity	Percentage
Civil and Structural Engineering	%
Mechanical and Electrical Engineering	%
Mining Engineering	%
Project Management (supervision of construction of designs from other firms)	%
Project Management (supervision of construction of own designs)	%
Other Please specify	%
Total	100%

6.1 If involved in Project Management, please indicate below which activities you are responsible for:-

Feasibility Studies (General)	Flowsheets	Expediting	Supervision of Commissioning
Road Routing Design and Feasibility	Drafting of Contract Conditions	Quality Control / Assurance	Certifying Final Completion
Cost Estimates	Quantity Estimates	Arranging Site Insurances	Issuing Variation Orders
Cash Flow Forecasts	Instructions to Tenderers	Supervision of Installation / Construction	Settling Contractual Claims
Geotechnical Services	Tender Adjudication / Recommendation	Measurement	Certifying Final Payment
Design Criteria	Approval of Detailed Design	Authorisation of Progress Payments	Clearing, Forwarding & Customs Clearance Duties
Working Drawings	Co-ordination	Administration of Retention Fund	Others

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: _____

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:

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. Is the Practice or any Partner / Principal / Director engaged with any other person / Practice in a Single Project Partnership or a Consortium or Group Practice?

If yes, please provide details:

(Please attach details if not enough space)

The Company's standard policy does not cover any liability that may flow from collaboration in Consortium or Single Project partnership, and notice must be given any of any such association that may be entered into during the contract subsistence of the Insurance contract.

8. Please provide the following contract details:

8.1 Does this Practice undertake any work whatsoever where the "end product" of such work is carried out in territories other than Republic of South Africa? Yes / No

If yes, please provide details:

Country	Starting Date	Type of Contract	Total Contract Value	Approximate Completion date
			R	
			R	
			R	

8.2 Please state the 5 largest contracts commenced during the past 6 years:

Country	Starting Date	Type of Contract	Total Contract Value	Approximate Completion date
			R	
			R	
			R	
			R	

9. Supervision of Construction

Proportion of work where Firm both designs and supervises the actual construction	%
Proportion of work where firm provides technical supervision of construction from the design made by other Firms.	%

10. Please give the approximate percentage applicable to these specified projects as a percentage of the total work which you have carried out during the past 12 months.

Activities		Approx %	Activities		Approx %
1	Feasibility Studies, Reports, Surveys, etc. (where not involved in actual design work)	%	10	Nuclear or Atomic Projects	%
2	Bridges and / or Tunnels	%	11	Heating, Ventilating and Air Conditioning	%
3	Dams	%	12	Chemical, Petro-chemicals and Refineries	%
4	Mines	%	13	Housing Schemes (if any, please provide full details of involvement & whether it includes "Low Cost Housing" projects.	%
5	Harbours or Jetties	%	14	High Rise Buildings (if more than 2 storeys, please provide details of specialist advise obtained)	%
6	Sewerage Schemes	%	15	Schools, Hospitals and Municipal Buildings	%
7	Foundations and Underpinning (provide full details of involvement)	%	16	Industrial Systems Buildings	%
8	Soil Testing	%	17	Mechanical Plant and Bulk Handling Equipment (including Silos, etc)	%
9	Water Schemes	%	18	Other work including any specialist activities not shown above (provide full details)	%
Total					100%

11. Applicable to Limited Companies only

Do your charges accord with the scales sanctioned by the Professional Body in the field in which you are engaged? Yes / No

If No, on what basis do you charge for your services?

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

12.1. 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

12.2. Please declare fees paid to Sub-Contractors during the immediately preceding Financial Year:

13. Quotations required

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

R _____

R _____

R _____

13.2. Deductible (Excess)
(The amount carried by Insured per claim)

R _____

R _____

R _____

13.3 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

Date