

**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](mailto: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](mailto:lifeadmin@khanyisabrokers.co.za)

## PROFESSIONAL INDEMNITY PROPOSAL FORM – MISCELLANEOUS

- 1) **NAME/S** (including trading names) of the Proposer/s:  
Use a separate sheet if necessary

Name	Date Commenced

- 2) **ADDRESS/ES** of Proposer/s  
All addresses must be shown together with the Principal responsible for the work at each office:

Address	Principal in charge

- 3) Is cover required for predecessor practices to the Proposer/s?

YES		NO	
-----	--	----	--

IF YES, please provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

4)

Name in full of all Principals	Qualifications	Date Qualified	How long as a Principal with Proposer/s

5) Is cover required for the previous business activities of any Principal?

YES		NO	
-----	--	----	--

**IF YES,** please state:

Name of Principal			
Name of Previous Firm			
Period	From / / To / /	From / / To / /	From / / To / /
Fees for Last 3 Years	20 R 20 R 20 R	20 R 20 R 20 R	20 R 20 R 20 R
Reason for Leaving			
Position in Firm			
Is there separate insurance covering the activities of this firm for the Period stated above?			

6) Is cover required for any past Partner or Principal?

YES		NO	
-----	--	----	--

**IF YES,** please give:

Name	Qualifications	How long with Proposer/s

7) Please state total numbers of:

Principals		Contract Hired Staff	
Qualified staff		Others	

8)

Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	

9) (a) Please provide a full description of all of your activities:

<p><b>PLEASE PROVIDE A BROCHURE, IF AVAILABLE.</b></p>
--

(b) Please categorise the activities outlined above and indicate the approximate percentage of the gross income/fees each represents:

	%
	%
	%
	%
	%
	%
	%
	%
	100%

(c) Do you anticipate any major changes in these activities in the forthcoming 12 months?

YES		NO	
-----	--	----	--

**IF YES**, please give full details:

--

(d) Have you undertaken any other activities in the past for which cover is required?

YES		NO	
-----	--	----	--

**IF YES**, please provide full details:

--

(e) Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above?

YES		NO	
-----	--	----	--

**IF YES**, please provide full details:

--

10) (a) Is any work put out to sub-contractors?

YES		NO	
-----	--	----	--

**IF YES**, please state:

What percentage of gross income/fees was paid to sub-contractors in the last financial year?	%
Are sub-contractors required to carry insurance?	
Do you get an indemnity from sub-contractors, in writing?	
<b>IF YES</b> , to what limits?	

(b) Do you require any sub-contractor to be indemnified under your insurance arrangements?

YES		NO	
-----	--	----	--

**IF YES**, please state:

Name	Qualifications	Fees Paid (last financial year)

11) State for the whole Proposer/s:

Gross income/fees:

	Last Complete Year	Current Year	Forthcoming Year
Year End	/ /20	/ /20	/ /20
Home	R	R	R
USA/Canada	R	R	R
Other Overseas	R	R	R
<b>TOTAL</b>	<b>R</b>	<b>R</b>	<b>R</b>

12) Please give details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business):

Client	Start Date	Description	Total Contract Value	Fee	Appx Completion Date
<b>1</b>					
<b>2</b>					
<b>3</b>					

13) What is the total fee income received in the last financial year from your largest client?

R
---

14) Do you use a standard form of contract, agreement or letter of appointment?

YES		NO	
-----	--	----	--

**IF YES**, please attach a copy.

15) (a) Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

YES		NO	
-----	--	----	--

**IF YES**, please give full details (including names of other parties)  
**special arrangements must be made to cover this type of work**

--

(b) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

YES		NO	
-----	--	----	--

**IF YES**, give full details of the nature of the association together with the **name** and **business** of the third party.

--

16) For what Limit/s of Indemnity are quotations required?

--

There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?

--

17) (a) In respect of **ANY** of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer, any predecessor or any past or present Principal?

YES		NO	
-----	--	----	--

Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of **ANY** of the risks to which this proposal relates?

YES		NO	
-----	--	----	--

**IF YES**, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

(b) What steps have been taken to prevent a recurrence?


**18)** Is any Principal, **AFTER FULL ENQUIRY**, aware of any circumstance which might:

(a) give rise to a claim against the Proposer, any predecessor or any past or present Principal?

YES		NO	
-----	--	----	--

(b) cause any loss to the Proposer, any predecessor or any past or present Principal?

YES		NO	
-----	--	----	--

(c) Has any proposal for similar insurance made on behalf of the Proposer or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Proposer ever been declined or has any such insurance ever been cancelled or renewal refused?

YES		NO	
-----	--	----	--

(d) otherwise affect the consideration of this proposal for insurance?

YES		NO	
-----	--	----	--

**IF YES** to any of the above, please give details:


**Please read this paragraph carefully before signing the declaration:**

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

**DECLARATION**

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
**Signature of Principal:**

A copy of this proposal should be retained by you for your own records.

**PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION**

**PLEASE NOTE:** This Proposal Form should be completed by YOU and signed by YOU. If the Proposal Form has been completed by your BROKER, review the Proposal Form before signing it. DO NOT sign a BLANK Proposal Form.