

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



SEBOKENG OFFICE:

Cell: 076 923 6088

1108 Ext 2, Zone 6

Sebokeng, Vaal Triangle, 1983

lifeadmin@khanyisabrokers.co.za

An Authorised Financial Services Provider: License Number – 31213

PROFESSIONAL INDEMNITY PROPOSAL FORM FOR MISCELLANEOUS ACTIVITIES

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 (if specified).
- 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):

- | | |
|---|--------------------------|
| Standard client contract agreement: | <input type="checkbox"/> |
| Company brochure/ additional information: | <input type="checkbox"/> |
| Claims information (if relevant) | <input type="checkbox"/> |

SHARING THE LIGHT TO GROW OTHERS

1. Name of firm or company (also include list of subsidiaries if cover is required):

2. Address (Including addresses of branches):

Date when first established: _____

3.

Names of all Directors / Partners / Principals	Qualification	Year Obtained	How long a Director/ Partner / Principal of this firm or company

PLEASE ATTACH CV FOR EACH DIRECTOR / PARTNER / PRINCIPAL

4. If sole director or principal, please answer the following:

- (a) Is this a part-time occupation? YES / NO
(b) If YES, please give brief details of present full-time occupation:

- (c) Are your full-time employers aware of these activities? YES / NO

5. Are you connected or associated (financially or otherwise) with any other firm, company or organisation? YES / NO

If YES, please give full details. _____

6. Are you a member of a consortium or group practice or engaged in any single project partnership? YES / NO

If yes, please give the names of other members / partners and their capacities in the consortium / partnership. Full information will be required.

Please note: Special arrangements must be made with Underwriters if coverage is required for work done whilst a member of the consortium. In such cases, a copy of the consortium agreement will be required.

7. Please give total number of:

- (a) Partners / Directors / Principals: _____
- (b) Qualified Staff: _____
- (c) Other Staff (ex. Admin): _____
- (d) Administrative Staff (Typists etc): _____
- (e) Contract Hired Staff: _____

8. (a) Please provide a full description of all your activities: _____

(b) Please categorise the activities outlined above on Appendix 1 attached to this form and indicate the approximate percentage of the gross fee income this represents.

(c) Do you anticipate any major changes in these activities in the forthcoming 12 months?
YES / NO

Please supply full details. _____

(d) 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? If YES, please supply full details. YES / NO

9. Please state your fees/income received in respect of the following years: **(excl. VAT & disbursements)**

<u>Year</u>	<u>R.S.A.</u>	<u>Overseas excl. USA/ Canada</u>	<u>USA / Canada</u>
20__ (Previous Financials)			
20__ (Current Financials)			
20__ (Future Financials)			

Please give the date of your financial year end: _____

10. Please list your 5 largest clients: _____

11. What is the total fee received in the last year from your largest client? _____
12. Do you use a standard form of contract, agreement or letter of appointment? YES / NO
If YES, please enclose copies.
13. Is any work put to sub-contractors? YES / NO
If YES, please give full details including:
- (a) Do you require sub-contractors to carry insurance and for what limits? YES / NO
- (b) What percentage of your fees are paid to sub-contractors? _____

NOTE : Underwriters retain rights of recourse against sub-contractors unless specifically agreed otherwise.

14. Have you previously been insured or are you currently insured? YES / NO
- If YES, please give:
- (a) Name of Insurers _____
- (b) Indemnity Limit: _____ Excess: _____ Premium: _____
- (c) Date of Expiry _____
15. Have any claims alleging any negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or any present or past Partners, Principals, or Directors? YES / NO
- If YES, have such matters been notified to current or previous Insurers? YES / NO
- Please provide full details. _____

16. Are you or any of the Partners, Directors or Principals, having made full enquiries, including of all staff, aware of any of the following matters?
- (a) Any circumstance which may give rise to a claim against you, your predecessors in business, or any past or Present Director, Partner, Principal or Employee? YES / NO
- (b) The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you? YES / NO
- If YES, please give full details: _____

17. Have you at any time been refused similar insurance, or quoted increased premiums or had special terms imposed? YES / NO
- If YES, please give full details: _____

18. What Limit of Indemnity is required? R _____
19. What Deductible are you prepared to carry uninsured? R _____
20. Do you require any of the following extensions?
- (a) Libel and Slander (Defamation) YES / NO
 - (b) Dishonesty of employees (Legal Liability only) YES / NO
 - (c) Loss of documents (Legal Liability only) YES / NO
21. If any of the above extensions are required, please state if you are aware of any past or current claims, or circumstances which may lead to a claim in respect of any extension requested, whether insured or not? YES / NO

If YES, please give full details: _____

DECLARATION

I / We declare that the statements and particulars in this proposal are true and that I / We have not misstated or suppressed any material facts. I / We agree that this proposal, together with any other information supplied by me / us shall form the basis of any contract of insurance effected thereon. I / We undertake to inform the Insurers of any material alterations to these facts occurring before / during / after completion of the Contract of Insurance.

Dated this _____ Day of _____, 20 ____

FOR AND ON BEHALF OF _____
 (Insert name of Proposer)

Signature of Partner, Director or Principal _____

This proposal must be typed or completed in ink by a Partner, Principal or Director of the firm or company. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal does not bind the Proposers or Underwriters to complete a Contract of Insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form.

MISCELLANEOUS PROFESSIONAL INDEMNITY
PROPOSAL FORM

APPENDIX 1

<u>Category of activities</u>	<u>Percentage of Gross Fee Income</u>
100 % _____	

PROJECT MANAGER QUESTIONNAIRE

Feasibility studies (general)	Yes	No
Road routing design and feasibility	Yes	No
Cost estimates	Yes	No
Cash flow forecasts	Yes	No
Geotechnical services	Yes	No
Design criteria	Yes	No
Working drawings	Yes	No
Flowsheets	Yes	No
Drafting of contract condition	Yes	No
Quantity estimates	Yes	No
Instructions to tenderers	Yes	No
Tender adjudication / recommendation	Yes	No
Approval of detailed design	Yes	No
Co-ordination	Yes	No
Expediting	Yes	No
Quality control / assurance	Yes	No
Arranging site insurances	Yes	No
Supervision of installation / construction	Yes	No
Measurement	Yes	No
Authorization of progress payments	Yes	No
Administration of retention fund	Yes	No
Supervision of commissioning	Yes	No
Certifying practical completion	Yes	No
Certifying final completion	Yes	No
Issuing variation orders	Yes	No
Settling contractual claims	Yes	No
Certifying final payment	Yes	No
Clearing, forwarding and customs clearance duties	Yes	No
Others (please specify)		