

PROFESSIONAL INDEMNITY - BUILT ENVIRONMENT PROFESSIONS

PROPOSAL FORM

PREAMBLE

Please answer all questions in full to assist underwriters in assessing your risk.

Details in this proposal form shall form part of any subsequent insurance contract concluded between the Proposer and the Insurer.

Completion of this proposal form does not bind the Proposer nor the Insurer to complete this insurance transaction.

1. BROKER'S DETAILS

Name of FSP	
FSP Number	

2. PROPOSER'S DETAILS

Insured Name	
Subsidiary Companies	
Business Reg. / ID Number	
E-Mail	
Website / Business Page	
Telephone Number	
To which association are you a member	
Member Number	
VAT Registration Number	
Physical address of Principal Firm	
Postal Address	
Present Legal Constitution	Sole Practitioner <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporated <input type="checkbox"/> Limited <input type="checkbox"/> Close Corporation

3. DATE OF COMMENCEMENT OF BUSINESS

As Currently Constituted	
As Initially Established	

4. DETAILED BUSINESS DESCRIPTION

Full description of your business activities (please be accurate, as your policy contract is based on this info)

5. NAMES AND QUALIFICATIONS OF PRINCIPALS

1. In the case of Partnerships - Partners
2. In the case of Incorporated – Directors
3. In the case of Close Corporations - Members
4. In the case of Ltd Companies - Professionally qualified Directors and Employees

Name	Qualification	Date Qualified	How long in practice

6. CLAIMS INFORMATION

Give details of all claims/ incidents that could lead to a claim made against the Proposal over the last 3 years:

Date of Claim	Description

Is the Proposer Insured / Partners / Directors / Members or Employees, AFTER ENQUIRY, aware of any circumstances which would be covered under a policy of this type that may result in any claims or a possible claim being made against them? If Yes, please provide full details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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7. BUSINESS PREMISES

Situation of Premises and activities undertaken from such premises

Should the space provided not be sufficient, kindly attach a separate list

Situation of Premises	Activities

8. PAST ACTIVITIES

Companies sold and business activities discontinued in the past 5 years

Name of Company Sold	Date of Sale	Activity
Activities Discontinued	Date of Discontinuation	Activity

9. STAFF COMPLEMENT (NUMBER)

Principals / Directors	
Qualified Staff	
Draftsmen	
Trainee Staff	
All Other Staff	
Total Staff Count	

Please provide the following details in respect of business conducted outside of South Africa:

Do you or your firm do any business for your clients in the USA, Canada or Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the firm or any Partner, Director, etc. own any assets in the USA, Canada or Australia? If Yes, please provide full details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. CO-OPERATION / PARTNERSHIP ARRANGEMENTS

Do you have any co-operation / partnership arrangements with other firms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, do these firms carry out work in the name of your firm or vice-versa?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the other firm have a similar professional indemnity policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, for what limit of indemnity?	R

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

11. JOINT VENTURE ARRANGEMENTS

Do you have any joint venture arrangements with other firms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the other firm/firms have a similar professional indemnity policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, for what limit of indemnity?	R
Are you the managing party of the joint venture?	Yes <input type="checkbox"/> No <input type="checkbox"/>

12. FEE INCOME - AS AT THE PRACTICE'S FINANCIAL YEAR END

Please provide gross fees received during the past five years:

Year:	Gross Fees:	Year:	Gross Fees:
(Current Year)	R		R
	R		R
	R		

PLEASE NOTE: This question must be completed accurately as the figures are used for rating purposes.

13. DISCIPLINE(S) IN WHICH ENGAGED

Please list the approximate percentage of estimated gross income occurring from various activities.
(State 0 where applicable)

1. Architectural Services	%	5. Project Management (For Other Firms)	%
2. Interior Design	%	6. Landscape Design	%
3. Town and Regional Planning	%	7. Quantity Surveyors	%
4. Project Management (Own Firm)	%	8. Other (Specify)	%

14. LIMITS OF INDEMNITY REQUIRED

(Please note: Without this information no quote can be provided)

Limit of Indemnity	R	Excess	R
Alternative Limit 1	R	Excess	R
Alternative Limit 2	R	Excess	R

15. CONTRACT MANAGEMENT

Do you have contracts with terms longer than 24 months?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide fee income:			
Year 1	R	Year 4	R
Year 2	R	Year 5	R
Year 3	R		

16. PROJECT MANAGEMENT

If involved in Project Management, please advise activities for which you accept responsibility:

Feasibility Studies (General)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Quality Control / Assurance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Road Routing Design & Feasibility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Arranging Site Insurances	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost Estimates	Yes <input type="checkbox"/> No <input type="checkbox"/>	Measurement	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cash Flow Forecasts	Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorisation: Progress Payments	Yes <input type="checkbox"/> No <input type="checkbox"/>

Geotechnical Services	Yes <input type="checkbox"/> No <input type="checkbox"/>	Administration of Retention Fund	Yes <input type="checkbox"/> No <input type="checkbox"/>
Design Criteria	Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervision of Commissioning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Working Drawings	Yes <input type="checkbox"/> No <input type="checkbox"/>	Certifying Final Completion	Yes <input type="checkbox"/> No <input type="checkbox"/>
Flowsheets	Yes <input type="checkbox"/> No <input type="checkbox"/>	Issuing Variation Orders	Yes <input type="checkbox"/> No <input type="checkbox"/>
Drafting of Contract Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Settling Contractual Claims	Yes <input type="checkbox"/> No <input type="checkbox"/>
Quantity Estimates	Yes <input type="checkbox"/> No <input type="checkbox"/>	Certifying Final Payment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Instructions to Renderers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Clearing, Forwarding, & Customs Clearance Duties	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tender Adjudication/Recommendation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervision of Installation / Construction	Yes <input type="checkbox"/> No <input type="checkbox"/>
Approval of Detailed Design	Yes <input type="checkbox"/> No <input type="checkbox"/>	Co-ordination	Yes <input type="checkbox"/> No <input type="checkbox"/>
Expediting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Others	Yes <input type="checkbox"/> No <input type="checkbox"/>

17. GAUTRAIN NETWORK

Do you perform any work in the close proximity of the Gautrain Network? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you perform any work for the Gautrain Network? If yes, please provide details:	Yes <input type="checkbox"/> No <input type="checkbox"/>

18. SPECIAL PROJECTS

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 500 M

19. TIDAL WATERS

(Ocean, river mouth or estuarine waters coming under the continual influence of the tides)

Is or will your practice operate or undertake any projects that could be affected by tidal waters?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is or will your practice operate or undertake any projects on reclaimed coastal land?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the answer to the previous question was Yes, are these projects normal to your business practice?	Yes <input type="checkbox"/> No <input type="checkbox"/>

20. CONTRACT DETAILS

Does this Practice undertake any work whatsoever where the “end Product” of such work is carried out in territories other than the Republic of South Africa	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Yes, please provide the following details:

Country	Starting Date	Type of Contract	Contract Value	Completion Date
			R	
			R	
			R	

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

Country	Starting Date	Type of Contract	Contract Value	Completion Date
			R	
			R	
			R	
			R	
			R	

21. SUPERVISION OF CONSTRUCTION

Please list the approximate percentage of estimated gross income occurring from various activities. (State 'NONE' where applicable)	
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.	%
Approximate percentage applicable to specified projects as a total percentage of the work which you have carried out during the past 12 month:	
Feasibility Studies, Reports, Surveys, etc. (Where not in actual design work)	%
Housing Schemes if any, please provide full details of involvement, specifically whether it includes "Low Cost Housing" projects	%

22. APPLICABLE TO LIMITED COMPANIES ONLY

Are your fees in accordance with the scales sanctioned by the Professional Body in the field in which you are engaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, on what basis do you charge for your services?	

23. OPTIONAL COVER

Do you require cover for the following extensions at an additional premium?

Type of Cover	Indemnity Limit	Monthly Premium	Indicate if cover is elected
Cyber Liability	R 2,500,000	R 125.00	Yes <input type="checkbox"/> No <input type="checkbox"/>
Directors & Officers	R 2,500,000	R 125.00	Yes <input type="checkbox"/> No <input type="checkbox"/>
Employers Liability	Follow the main limit of indemnity	R 35.00	Yes <input type="checkbox"/> No <input type="checkbox"/>

24. OPTIONAL EXTENSIONS

Fidelity Guarantee	Limit required R	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd Reinstatement	Reinstatement of Limit of Indemnity	Yes <input type="checkbox"/> No <input type="checkbox"/>

25. AUTOMATICALLY INCLUDED COVER AND EXTENSIONS

Breach of Confidentiality	Limited as per Schedule	Included in Premium
Breach of Copyright	Limited as per Schedule	Included in Premium
Claims Preparation Costs	Limited as per Schedule	Included in Premium
Computer Crime	Limited as per Schedule	Included in Premium
Criminal and Statutory Defence Costs	Limited as per Schedule	Included in Premium
Defamation	Limited as per Schedule	Included in Premium
Fee Recovery	Limited as per Schedule	Included in Premium
Fines and Penalties	Limited as per Schedule	Included in Premium
Joint Venture and/or Consortium Agreements	Included in Limit of Indemnity	Included in Premium
Liability following Employee Misappropriation	Limited as per Schedule	Included in Premium
Liability following Loss of Documents	Limited as per Schedule	Included in Premium
Mergers or Acquisitions	Included in Limit of Indemnity	Included in Premium
One Automatic Reinstatement of Limit of Indemnity	Reinstatement of Limit of Indemnity	Included in Premium
Sub-Contracted Duties	Included in Limit of Indemnity	Included in Premium
Support Staff	Included in Limit of Indemnity	Included in Premium
Public Liability	Limited as per Schedule	Included in Premium
Wrongful Arrest	Limited as per Schedule	Included in Premium

26. DETAILS OF INSURANCE

Are you at present or have you in the past been insured?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, is/was the insurance on a "losses occurred" basis?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Insurer Details:					
Insurer					
Indemnity Limit	R	Excess of	R		
Each and every claim in the aggregate		Each and every claim			
Retroactive Date		Date of Expiry of coverage			
Has any proposal for insurance ever been declined?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has any Insurer ever required:					
Increased premiums or terms				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Special restrictions or conditions				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has any Insurer ever terminated or refused to renew any insurance?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the answer to any of the above is YES, please provide full details:					

27. PLEASE ATTACH THE FOLLOWING DOCUMENTS WHERE APPLICABLE

- Normal Trading Conditions
- Publicity or Technical Brochure(s)
- Copy of current Schedule, reflecting retroactive date

28. PLEASE NOTE:

If this proposal is being completed for the renewal of an existing policy, please remember that cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension of no longer than 10 days is requested and has been granted from underwriters, or renewal terms have been accepted.

29. PRIVACY AND PROTECTION OF YOUR PERSONAL INFORMATION

As part of our ongoing commitment to protecting personal information, we are committed to and bound by the terms and provisions of the Protection of Personal Information Act 4 of 2013 (“POPI”) regarding the use, acquisition, retention, transmission and deletion of the applicant or policy holder’s personal information. For more information, kindly find the Privacy Notice on our website, www.genlib.co.za and on www.rsum.co.za

30. POPIA CONSENT CLAUSE

Please indicate your consent in the tick box provided

I consent to the responsible party and/or operators processing and further processing my personal information in accordance with the Protection of Personal Information Act for the purposes of concluding and performing in terms of this insurance contract. For further information please read the Privacy Policy which can be found <https://www.genlib.co.za/privacy-policy/>

31. 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, 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 improved policy terms.

32. DECLARATION

I/We hereby declare that at the time of completing the above particulars contained in this proposal, details are true and complete.

I/We have no reason to anticipate any claim and are not aware of any possible incidents that may lead to a claim being reported under the insurance now being requested.

I/We agree that this proposal together with all other information supplied by me / us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein.

I/We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

Signature (on behalf of the Proposer)	
Name of Signatory	
Capacity of Signatory (duly authorised)	
Date	
Place	