



PI & LIABILITY UNDERWRITING MANAGERS

A C and E PI & Liability Underwriting Managers (Pty) Ltd

7th Floor Office Tower, Bedford Centre, Smith Street, Bedfordview
P O Box 752189, Gardenview, 2047, Republic of South Africa

Company Registration Number: 2013/145635/07

VAT Registration Number: 4090266018

Tel: 011 615 7529 Fax: 011 615 9360 Website: www.engineeringace.co.za

An Authorised Licensed Financial Service Provider 45553

PROPOSAL FORM FOR GENERAL LIABILITY

Notes & Conditions:

The proposal for is for Liability Insurance on a "claims made" basis

NB. Please contact your broker for clarification if necessary before signing the proposal. The signed Proposal Form will form part of and will be read in conjunction with the Policy in the event of a claim.

Full Disclosure of all information is required and failure to do so may prejudice your rights

Please attach a copy of the following documents:-

Company Brochure or details of your web-site

PROPOSER'S DETAILS

1. Details of the Proposer (Proposed Insured)		
a. Full Name of Insured Company/Practice (including details of subsidiaries)		
b. Company Registration No.		
c. VAT Registration No.		
d. Legal Constitution (tick box)	Sole Practitioner Partnership Incorporated Company Limited Company Closed Corporation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
e. Business Address and / or Risk Address		

Managing Director: Anne-Marie Fourie



f. Approximate Value of Property	
g. E-Mail Address	
h. Web-site address	

2. Detailed Business Description

3. Claims Experience Have any claims been made against the Insured/Proposer the type of cover for which you are applying. YES NO (please tick)
If YES, please provide full details or attach a list of claims made

4. Claims incurred but not reported. Please enquire from all the Insured Parties/Partners/Directors /Members or employees in writing whether any of them are aware of any circumstances which may result in a claim being made against them for circumstances which would be covered under a policy of this type. YES NO (please tick)
If YES, please provide full details

5. Are you or have you previously been insured under a policy of this type? YES NO (please tick)
If YES, please provide full details required below:
1. Name of Insurer

2. Date of expiry
3. Expiry of run-off cover
4. Limit of Liability
5. Excess applicable
6. For the Insurance cover applied for, has any Insurer ever:-
a) Declined a proposal or renewal for the practice or any partner/principal? YES NO (please tick)
b) Increased Premium or imposed special terms/conditions? YES NO (please tick)
c) Cancelled a Policy? YES NO (please tick)
If YES, please provide full details:
7. Turnover: What is the anticipated turnover for the current financial year? R

Limit of Indemnity Required: _____

GENERAL COMMENTS

SIGNED _____ **DATE** _____

NAME _____

DESIGNATION _____