



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

Licensed Financial Service Provider 45553

PROPOSAL FORM

ANNUAL PROFESSIONAL INDEMNITY INSURANCE

CAUTIONARY NOTE

Please answer all questions FULLY. This Proposal Form will be read in conjunction with the Brokers Notes to Underwriters. Failure to answer all applicable questions accurately could result in a claim being repudiated due to a non-disclosure of material information.

Signature of this Proposal does not bind the Proposer / Insurers to complete the Insurance.

1. Name of Practice / Firm

2. Main Office Physical Address

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Telephone Fax e mail

Postal Address

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Location of Branch Offices

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3. Company Registration No. :

Company VAT No.

Principal / Partner In Charge

4. Details of All Principals

Name	Qualifications	Date Qualified	How Long as Principal

Managing Director: Anne-Marie Fourie



5. Present Legal Constitution

Sole Practitioner Incorporated Company Closed Corporation
Partnership Limited Company

6. Date of Commencement of Business

As initially established

As currently constituted

Previous Names of Firm (if applicable)

7. Staffing. Please state the number of:-

Partners / Directors Qualified Assistants

Other Staff (non admin) Admin

Contracted Technical

8. If a Sole Practitioner / Director or Principal, please indicate whether this is a part-time occupation : YES/NO

9. During the past five years has the name of the business changed YES/NO

10. Has any business been acquired or any mergers taken place. If YES, please provide details. YES/NO

11. Is the firm or any Principal / Director / Partner thereof connected or associated financially or otherwise with any other firm or organization for whom work may be undertaken. YES/NO

If yes, please supply full particulars

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12. Brief Description of Business

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13. Primary Activities of Business :-

a) What is your expertise in this field.

b) Do you employ the necessary specialists within your practice YES / NO

c) What are the anticipated fees from this work?

14. Does the Firm undertake any work outside South Africa? YES / NO

If so give full details

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15. Does the firm operate under standard forms of engagement? YES / NO

16. Does the Firm subcontract any of its business? YES / NO

If yes, do you insist that the subcontracted firm is separately Insured and ensure that they have adequate professional indemnity cover?

YES / NO

17. Has any application for insurance of this nature (made on behalf of the Firm or their predecessors in business or by any of the present partners) ever been declined, cancelled, or has renewal been refused or have special terms been imposed?

YES / NO

18. Give details of present insurance:-

- Amount of Indemnity
- Date of Expiry
- The Insurers
- The First Amount Payable

19. Are you aware, after enquiry, of any incidents that may give rise to a claim under the professional indemnity policy?

YES / NO

If Yes, please provide a full disclosure of the circumstances and potential costs of settlement.

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20. Please give details of any claims settlements arising from any breach of duty, whether insured or not:-

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21. Fee Income:-

Date of Financial Year End :

Please state the total Gross Fee Income (Excluding Vat) for the previous 3 financial years:-

	Immediate Past Financial Year	Prior Financial Year
Total		

Estimated Fee Income for Current and Forthcoming Financial Year

	Current Financial year	Future Financial Year
Total		

22. Quotations Required:-

Limit of Indemnity	

Deductible / Excess	

23. Retroactive Date Required :

24. Do you require General Public Liability cover?

25. If "YES", what Limit of Indemnity?

DECLARATION

I/ we hereby declare that the statements and particulars in this application are true and complete and that at the present time, other than stated above, I/we have no reason to anticipate any claim being brought against me / us, that might constitute a claim under the insurance now being requested. I / we agree that this Proposal and Declaration be the basis of the contract between me/us and the Insurers.

Date_____

Signature of Principal / Partner / Director

Name of Signatory (Please Print)