



## 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

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Licensed Financial Service Provider 45553

# PROPOSAL FORM

## ANNUAL PROFESSIONAL INDEMNITY INSURANCE For CONSTRUCTION INDUSTRY PROFESSIONALS

### 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

Telephone

Fax

e mail

Postal Address

Location of Branch Offices

3. Company Registration No. : \_\_\_\_\_

Company VAT No. : \_\_\_\_\_

Principal / Partner In Charge: \_\_\_\_\_

Managing Director: Anne-Marie Fourie



**4. Details of All Principals**

| Name | Qualifications | Date Qualified | How Long with Company |
|------|----------------|----------------|-----------------------|
|      |                |                |                       |
|      |                |                |                       |
|      |                |                |                       |
|      |                |                |                       |

**5. Present Legal Constitution**

**Sole Practitioner**

**Incorporated Company**

**Partnership**

**Limited Company**

**6. Date of Commencement of Practice:-**

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**

**Other**

**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**

Managing Director: Anne-Marie Fourie



**Whom work may be undertaken.** YES/NO

**If yes, please supply full particulars**

**12. Are you a member of a Consortium or engaged in any Single Project partnerships or Joint Ventures?** YES/NO

**If yes, please provide the following:-**

**Name of Project**

**JV Partners**

**Your percentage participation**

**Do you need cover to be provided under this Proposal** YES/NO

**Are fees earned by you included in the Gross Fees declared in this Proposal** YES / NO

**13. Brief Description of Business (eg Project Managers, Mechanical and Electrical Engineers, Multi Discipline practice etc.)**

**14. Primary Activities of Practice (Engineers):-**

|   |   |
|---|---|
| <b>Civil &amp; Structural: Housing and Low Rise Commercial / Industrial</b>   | % |
| <b>Civil &amp; Structural: Infrastructure and Major Commercial/Residential Developments, High Rise Buildings etc.</b> | % |
| <b>Electrical &amp; Mechanical / Heating &amp; Ventilating / Refrigeration</b>  | % |
| <b>Mining</b>   | % |
| <b>Geotechnical</b>   | % |
| <b>Petro Chemical / Transfer Pipelines / Process Engineering etc</b>  | % |

**15. Primary Activities (Project Managers / Quantity Surveyors)**

|   |   |
|---|---|
| <b>Residential Housing / Low Rise Commercial and Industrial</b>                                 | % |
| <b>Infrastructure and Major Commercial / Residential Developments, High Rise buildings etc.</b> | % |
| <b>Electrical and Mechanical / Heating and Ventilation / Refrigeration</b>                      | % |
| <b>Mining</b>   | % |
| <b>Petro Chemical / Transfer Pipelines / Process Engineering</b>                                | % |

**Resort Development** %

**16. Primary Activities (Architects, Land Surveyors, Town Planners, Environmentalists etc)**

**Residential Housing / Low Rise Commercial and Industrial** %  
**Infrastructure and Major Commercial / Residential Developments,**  
**High Rise Buildings etc** %  
**Mining** %  
**Petro Chemical / Transfer Pipelines / Process Engineering** %  
**Resort development** %

**17. Please indicate the split in work as a percentage of Gross Fee Income**

**Town Planning** %  
**Environmental Studies** %  
**Feasibility Studies, Reports, Surveys etc** %  
**High Rise Buildings** %  
**Industrialised Systems Buildings** %  
**Individually Designed Low Rise Housing Schemes** %  
**Foundations and / or Underpinning and / or piling** %  
**Soil / Subsurface testing** %  
**Heating, Ventilating, Air conditioning, refrigeration** %  
**Sewerage Water Schemes** %  
**Schools Hospitals and Municipal Buildings** %  
**Bridges / Overpasses / Underpasses** %  
**Dams, Harbours, Jetties and sea defences** %  
**Tunnels / Mines** %  
**Chemical / Petro chemical / Processing Plants** %  
**Nuclear / Atomic Projects** %  
**Mechanical Plant & Bulk Handling** %

**18. a) Does or will the practice undertake work influenced by Tidal Waters or on Reclaimed Coastal Land**

YES/NO

**b) Are such projects normal to your business practice**

YES / NO

**c) What is your expertise in this field.**

**d) Do you employ the necessary specialists within your practice**

YES / NO

**e) Are the techniques used tried and tested, new or under development**

**f) What are the anticipated fees from this work?**

19. Does the Practice undertake Project Management other than that normally provided through the normal duties of an Engineer or Architect? YES/ NO

20. If the Practice is appointed in the capacity of Project Managers do you ordinarily take on the following duties:-

|  |          |
|--|----------|
| Possibility Studies (general)                          | YES / NO |
| Road Routing Design and feasibility                    | YES / NO |
| Cost Estimates   | YES / NO |
| Cash Flow Forecasts                                    | YES / NO |
| Geotechnical   | YES / NO |
| Design of the works or portions thereof                | YES / NO |
| Working Drawings                                       | YES / NO |
| Flowsheets   | YES / NO |
| Drafting of Contract Conditions                        | YES / NO |
| Quantity Estimates                                     | YES / NO |
| Instructions to Tenderers                              | YES / NO |
| Tender Adjudication and Recommendation                 | YES / NO |
| Approval of Detailed Design                            | YES / NO |
| Co-ordination and Expediting                           | YES / NO |
| Quality Control / Assurance / Approval / Certification | YES / NO |
| Arranging of Site Insurances, Guarantees etc           | YES / NO |
| Supervision of Installation or construction            | YES / NO |
| Measurement  | YES / NO |
| Authorisation of progress payments                     | YES / NO |
| Administration of Retention Fund                       | YES / NO |
| Supervision of commissioning                           | YES / NO |
| Certifying of Practical Completion (all Stages)        | YES / NO |
| Certifying of Final Completion                         | YES / NO |
| Issuing Variation Orders                               | YES / NO |
| Settling Contractual Claims                            | YES / NO |
| Certification of Final Payments                        | YES / NO |
| Clearing Forwarding and Customs Matters                | YES / NO |

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

If so give full details

**22. Please give details of the five largest projects undertaken in the past five years.**

| Start Date | Type of Contract | Total Value | Completion Date |
|------------|------------------|-------------|-----------------|
|            |                  |             |                 |
|            |                  |             |                 |
|            |                  |             |                 |
|            |                  |             |                 |
|            |                  |             |                 |

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

**24. 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

**25. Do you anticipate any major changes to the structure of the Practice of type of work ordinarily undertaken by it over the forthcoming 12 months?** YES / NO

**If Yes, please provide details.**

**26. Is the Firm involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of any products, other than in a pure consultancy capacity as described above?** YES / NO

**If yes , please provide details.**

**27. 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

**28. Give details of present insurance:-**

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

**29. 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.

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

**31. Date of Financial Year End:**

**32. Fee Income:-**

Please state the total Gross Fee Income (EXCL VAT) for the previous financial years:-

|                         | Immediate Past | Prior |
|-------------------------|----------------|-------|
| <b>Total</b>            |                |       |
| <b>Sub Contract</b>     |                |       |
| <b>Single Project</b>   |                |       |
| <b>Nett.To Practice</b> |                |       |

Estimated Fee Income for Current and Forthcoming Financial Year

|                         | Current Anticipated | Future Anticipated |
|-------------------------|---------------------|--------------------|
| <b>Total</b>            |                     |                    |
| <b>Sub Contract</b>     |                     |                    |
| <b>Single Project</b>   |                     |                    |
| <b>Nett to Practice</b> |                     |                    |

**33. Quotations Required:-**

| Limit of Indemnity |  |
|--------------------|--|
|                    |  |
|                    |  |
|                    |  |
|                    |  |

| Deductible / Excess |  |
|---------------------|--|
|                     |  |
|                     |  |
|                     |  |
|                     |  |

**34. Retroactive Date Required :**

**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)