



## 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 DESIGN & CONSTRUCT / TURNKEY CONTRACTORS

### 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 Company

2. Main Office Physical Address

Telephone

Fax

e mail

Postal Address

Location of Branch Offices

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

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

Managing Director: Anne-Marie Fourie



**4. Details of Design Office / Department Management**

Name	Qualifications	Date Qualified	How Long with Company

**5. Present Legal Constitution**

**Sole Practitioner**

**Incorporated Company**

**Partnership**

**Limited Company**

**6. Is the Company :-**

**Listed**

**Unlisted**

**Part of a Multi Discipline Group**

**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 :-**

**If YES, please provide previous Company Name**

**YES/NO**

**10. Has any business been acquired or any mergers taken place.  
If YES, please provide details.**

**YES/NO**

*Managing Director: Anne-Marie Fourie*



**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

**12. Are you a member of a Consortium or 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 et**

**14. Primary Activities of Company**

Civil & Structural : Housing and Low Rise Commercial / Industrial	%
Civil & Structural : Infrastructure and Major Commercial /Residential Developments, High Rise Buildings etc	%
Electrical & Mechanical	%
Heating & Ventilating / Refrigeration	%
Fire Services	%
Mining	%
Geotechnical	%
Petro Chemical / Transfer Pipelines / Process Engineering etc	
Structural Steel/Fabrication and Erection	%
Tidal / Marine Works	%
Specialised Coatings/ Linings/ Refractories	%
Nuclear Design / Disposal	%

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

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

- 16. 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?**

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

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

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

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

If so give full details

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

Start Date	Type of Contract	Total Value	Completion Date

21. Does the company operate under standard forms of contract? **YES / NO**

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

If yes, do you insist that the subcontracted company is separately Insured and ensure that they have adequate professional indemnity cover? YES / NO

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

If Yes, please provide details.

24. DATE OF FINANCIAL YEAR END: \_\_\_\_\_

25. Turnover for Design and Construct / Turnkey Related Activities

Please state the total Gross Turnover of the Company (EXCL Vat) for the previous 3 financial years:-

	20__	20__	20__
Total			
Sub Contract			
Nett.To Practice			

Estimated Fee Income for CURRENT and FORTHCOMING Financial Year

	20__	20__
Total		
Sub Contract		
Nett to Practice		

26. Does the Company have an In-house Design Office? YES / NO

27. Does the Design Office undertake work for other Companies, Professional Consultants or Institutions not related to projects in respect of which the Proposer is tendering or is actively contracting? YES / NO

If Yes, please provide details.

28. Please provide the PERCENTAGE OF ABOVE TURNOVERS, or alternatively ACTUAL FEES and expenses charged by the in-house design office, that relate to design work and /or Turnkey projects (including professional input into supervision of the projects) of the works designed by the Company.

Last Financial Year	Previous Financial Year	Prior Financial Year

29. 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

30. Give details of present insurance:-

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

31. 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.

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

**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)

\_\_\_\_\_  
Capacity

*Managing Director: Anne-Marie Fourie*

