

Islamic-Conscious Insurance
PROPOSAL FORM FOR
ANNUAL LIABILITY
(CONSTRUCTION / ENGINEERING RELATED PROFESSIONALS)

Thank you for considering AC & E PI & LIABILITY MANAGERS for a quotation.

POPIA NOTICE: The Information requested will be solely used to provide a quotation and to issue a policy if the quotation is accepted.

AC&E is a member of the South African Underwriting Managers Association ("SAUMA") and therefore also need to comply with the Code of Conduct implemented by SAUMA. As per the SAUMA Code of Conduct, AC&E is not allowed to deal with any policy holder (client) directly. All communication is exclusively through an intermediary (Broker). The relevant section can be found under Section 3, point 3 that reads as follows:

"DEFINITION OF A MEMBER

There are two categories of Membership.

FULL MEMBER

- *Does not deal with any policy owner directly. This means the market channel is exclusively through an Intermediary."*

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.

Notes & Conditions:

The proposal 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

Licensed Financial Service Provider 45553

Managing Director: Anne-Marie Fourie
An Authorised Financial Service Provider – FSP 45553

Acting on behalf of the Insurer New National Assurance Company Limited, FSP 2603 under a claims handling and underwriting mandate.

Insurer VAT No.: 4380101289

POPIA Notice: The information requested and provided will be solely used to assess risk or finalise the claim



PI & Liabilities Underwriting Managers (Pty) Ltd

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

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

Company Registration Number: 2013/145635/07 | VAT Registration Number: 4090266018

Tel. No.: 011 615 7529 | Fax: 011 615 9360 | Website: www.engineeringace.co.za

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	☐ ☐ ☐ ☐ ☐
e. Postal Address		
f. Telephone Number		
g. Fax Number		
h. E-Mail Address		
i. Web-site address		
j. Date of commencement of trading in current		
k. Are any of branches or offices outside the RSA	YES ☐ NO ☐	
l. Previous Trading Name (if applicable)		

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2. Detailed Business Description

3. BUSINESS ACTIVITIES

Activity	Percentage
Construction	
Manufacturing	
Mechanical/Electrical Engineering	
Structural Engineering	
Professional	
Project Management	
Other (please specify)	
Total	100%

4. Turnover – Please advise the company year end and turnover (excluding VAT)

Financial Year End:

Past Financial Year

Current year (anticipated)

Next Financial year (projected)

5. 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

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6. 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

7. 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

8. 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:

9. STAFF COMPLEMENT (IF EMPLOYERS LIABILITY COVER IS REQUIRED)

Partners/Directors/Principals	
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Qualified Staff	
Other Technical Staff	
Draughtsmen	
Trainee Staff	
Other Staff	

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10. PROJECTS OUTSIDE THE RSA TERRITORIAL LIMITS				
Does the Practice or any member thereof undertake (or has undertaken) any work where the project will be physically implemented in any territory outside the South African borders?				
☐ YES NO ☐ (please tick)				
If YES please provide details:				
Contract	Starting Date	Type	Total Contract Value	Approximate Completion Date

11. COVER REQUIREMENTS	
Please provide details and limits for the cover and extensions of cover required.	
Limits/Extensions	Liability Occurrence Limit
1. Liability Occurrence Limit	R
2. Products Liability Limit (Please complete Annexure 1)	R
3. Products Aggregate Limit	R
4. Extensions	
a. Loss of Documents	R
b. Statutory Defence Costs	R
c. Emergency Medical	R
d. Arrest/Assault/Defamation	R
e. Prevention of Access	R
f. Interference/Removal of Support	R
g. Sub-Contractors	Yes No
h. Joint Ventures	Yes No

GENERAL COMMENTS

SIGNED BY

DATE

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ANNEXURE 1

PRODUCTS LIABILITY

1. Product Data

1. Business (please tick the items relating to your business)	Manufacture	
	Assembly	
	Processing	
	Packing	
	Wholesale/Retail	

Please provide details of all products

2. Trade Name	How long has product been in the market	Name of Manufacturer	Description of Product	Estimated Annual Turnover

3. Dangerous Products (Please specify flammable, explosive, poison, radio-active or describe danger)

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4. Are directions given for handling & use

a. By printing on container or product	Yes		No	
b. By separate leaflet or brochure	Yes		No	

5. Containers (please provide full details of containers/packing)

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6. Are the products "components" which are integrated into other products?

Yes		No	
If Yes please describe the components and in which industries/products they will be used			

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7. Are your products assembled by a third party supplier or do your products incorporate parts manufactured by a third party supplier			
Yes	☐	No	☐
If Yes please give details below			

8. Are the products or components manufactured overseas (outside RSA)			
Yes	☐	No	☐
If Yes please complete the table below			
Product	Country	Annual Turnover	Representation*

*Representation by agency/concession/branch/other (please specify)

9. Do you enter into any agreements or undertakings to indemnify (or hold harmless) suppliers of material or components or sub-contractors or processors in respect of any injury or damage?			
Yes	☐	No	☐
If Yes please supply copies of contracts/agreements/conditions			

10. Do you enter into any agreements or undertakings to indemnify (or hold harmless) suppliers of material or components or sub-contractors or processors in respect of any injury or damage?			
Yes	☐	No	☐
If Yes please supply copies of contracts/agreements/conditions			

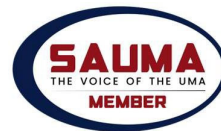
11. Do you keep records of the source of supply of goods and materials which you use			
Yes	☐	No	☐
If Yes please provide details			

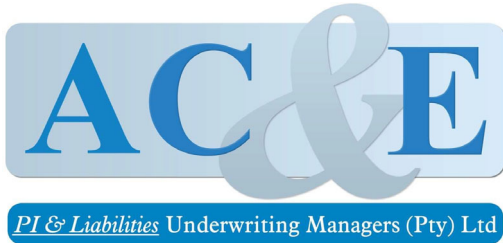
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12. Do you issue written guarantees or conditions of sale with or in respect of any of your products?			
Yes	☐	No	☐
If Yes please provide wordings			

Please attach leaflets, brochures, specimen lables, guarantees or conditions, guarantees and conditions of sale

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