

IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

1 | GENERAL INFORMATION

Details of entities to be insured (the "Proposer")

1 Proposer's Name:

ID number (if Sole Trader):

Head Office (Physical Address):

Postal Code:

Postal Address:

Postal Code:

Company Reg No:

VAT No:

Professional Association(s):

Contact Person:

Contact number:

Email:

Website:

Date Company Established / Services Commenced: / /

As currently constituted (If commenced within the past 24 months - Please attach CV of key personnel/Directors/Principals)

Date Company Established / Services Commenced: / /

As initially established

Company Legal Constitution:

Partnership / Private Company / Public Company / Close Corporation /
Non-profit Organisation / Government / Sole Proprietor

THE POWER OF KNOWLEDGE

2 | INSURANCE HISTORY

1 Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please state: Insurers:

Limit of Indemnity:	R
Excess:	R
Premium:	R
Date of expiry of coverage:	
Retroactive Date:	

2 For the type of Insurance now being proposed, has any Insurer ever:

i) Required an increased premium or imposed special terms?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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ii) Refused to accept or renew any insurance for the body corporate

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iii) Cancelled the insurance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If any answer is Yes to any of the above 3 questions, please provide full details

3 | REQUIRED COVER

1 State the LIMIT OF INDEMNITY and EXCESS required:

Limit	R	R	R
Excess	R	R	R

2 Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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3 Is cover required for predecessor practices to the Proposer/s?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

4 Is cover required for the previous business activities of any Principal?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If Yes, please provide full details:

Name of principal:						
Name of previous firm:						
Period:	From	/	/	From	/	/
	To	/	/	To	/	/
Fees for last 3 years:	20__ R			20__ R		
	20__ R			20__ R		
	20__ R			20__ R		
Reason for leaving:						
Position in firm:						
Is there separate insurance covering the activities of this firm for the period stated above?						

5 Is cover required for any past partner or principal?

 Yes
 No

If Yes, please state:

Name of Partner / Principal	Qualifications	How long with the Proposer/s

6 Do you sub-contract work to any outside party?

 Yes
 No

If Yes, please provide details:

4 | PREVIOUS LOSSES / EXISTING CIRCUMSTANCES

1 Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

i) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?

 Yes
 No

ii) Cause any loss to the Proposer, any predecessor or any past or present Principal?

 Yes
 No

iii) Otherwise affect the consideration of this proposal for insurance?

 Yes
 No

If Yes, please provide details:

2 In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

 Yes
 No

If Yes, please identify details (including loss date, amount claimed and a brief description):

3 What steps have been taken to prevent a recurrence?

5 | ACTIVITIES OF PROPOSER

1 PROFESSION/BUSINESS of Proposer/s: _____

2 ADDRESS/ES of Proposer/s:

All addresses must be shown together with the Principal responsible for the work at each office

Address	Principal in charge

6 | NAMES AND QUALIFICATION OF DIRECTORS/PARTNERS & KEY PERSONNEL

1 Please provide details of all current Principals including qualifications:

Name in full of all Principals/ Directors/Partners	Qualifications	Date Qualified	How many years full-time practical industry experience?

2 ADDRESS/ES of Proposer/s:
All addresses must be shown together with the Principal responsible for the work at each office

Address	Principal in charge	Approx % of total fees

7 | STAFF COMPLIMENT

1 Please state total number of staff members:

Partners / Principals / Directors	
Qualified staff (excluding principals)	
Draughtsmen	
Trained staff	
All other	
Total	

8 | FINANCIAL INFORMATION

1 Please state for the Proposer/s total gross fees/Income received:

	Last Year	Current Year Estimate	Forthcoming financial year
Year end:	/ /	/ /	/ /
Home:	R	R	R
Overseas:	R	R	R

2 Please provide a split of gross fees received for the last complete financial year:

Architectural - new build		%
Architectural - non-structural refurbishment		%
Town Planning/Feasibility Studies		%
Architectural Consultancy		%
Interior Design		%
Quantity Surveying		%
Structural Surveys		%
Pre-Purchase Surveys		%
Other Surveys (Please specify)		%
Valuations (e.g. Purchase/ Lending valuations)		%

Fees paid to independent consultants	%
Other work (give details)	%
Total	100 %

3 Total Building Values certified in the past 12 months: R

4 During the last FIVE financial years, approximately what percentage of fee income derived from:

Aborted work where no building resulted	%
Work where there was no responsibility to inspect	%

5 i) Please give the approximate percentages applicable to the following expressed as a percentage of the total gross fees for the last complete financial year;

Public Sector Schools or Universities	%
Private Sector Schools or Universities	%
Public Sector Hospitals	%
Private Sector Hospitals	%
Other Healthcare	%
Public Sector Housing (including Housing Associations)	%
Private Sector Housing Schemes	%
Private Sector Individual Houses	%
Churches/Cathedrals	%
Industrials	%
Retail	%
Commercial Schemes	%
Mining Industry	%
Dams	%
Shopping malls/complexes	%
Bridges, Tunnels/Flyovers	%
Harbours/Jetties/Sea Defences	%
Other (if over 10% give details)	%
Total	100 %

ii) Number of storeys in highest block completed during the last 10 years:

IF OVER 10 STOREYS, please give details:

9 | ADDITIONAL INFORMATION

1 Does the Proposer/s now or had the Proposer/s in the past undertaken any services which may create a liability for pollution or contamination?
 Yes No

If Yes, please identify regulator and type/s of business for which authorised:

2 Please give details of the 5 largest contracts where construction has commenced during the past 6 years

Start Date	Description	Total Contract Value	Extent of Service	Appx Completion Date
1				
2				
3				
4				
5				

3 Please give details of 3 largest contracts where construction is expected to commence in the next 12 months:

Start Date	Description	Total Contract Value	Extent of Service	Appx Completion Date
1				
2				
3				

4 Is the Proposer/s or has the Proposer/s been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

Yes

No

If Yes, please give full details (including names of the other parties)
- special arrangement must be made to cover this type of work:

DECLARATION

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

NAME

CAPACITY

SIGNATURE OF THE PROPOSER

DATE DD/MM/YYYY

BROKER DETAILS

Broker:

Contact Person: _____ Tel: _____

Email: _____ Fax number: _____