

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")

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

Do you have Attorneys Fidelity Cover and if yes, state the limit of indemnity? R

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"/>
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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) Declined Proposal or renewal?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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ii) Required an increased premium or imposed special terms?

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

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

Yes	<input type="checkbox"/>
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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 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?

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

 Yes

 No

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?						

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 | ADDRESS/ES

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 | STAFF COMPLIMENT

Please state total Number of staff members:

Partners / Principals / Directors	
Qualified staff (excluding principals)	
Contract Hired Staff	
All other	
Total	

7 | ACTIVITIES OF PROPOSER

1 i) Please provide a full description of all of your activities: (please provide a brochure, if available)

ii) Please categorise the activities outlined above and indicate the approximate percentages of the gross income/fees each represents:

Arbitration, Adjudication, Affidavits, Advocacy	%
Commercial work	%
Criminal law	%
Debt collection	%
Defendant litigious work for insurers	%
Litigious work - other	%
Non-litigious work	%
EC competition law/Human rights	%
E-Commerce and IT	%
Employment work	%
Estate planning	%
Family	%
Financial advice/Service work	%
Financial advice/Services (regulated)	%
Immigration	%
Intellectual property/Copyright	%
Landlord/Tenant	%
Lecturing or related activities	%
Personal injury litigant	%
Personal injury defendant	%
Property, Selling, Valuation, Management	%
Tax law/Planning	%
Town and country planning	%
Trust probate, wills and tax planning	%
Conveyancing commercial	%
Conveyancing residential	%
Marine	%
Total	100 %

iii) Do you anticipate any major changes on these activities in the forthcoming 12 months?: *If Yes, please provide details:*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iv) Have you undertaken any other activities in the past for which cover is required? *If Yes, please provide details:*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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v) Are you involved in any process manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above? *If Yes, please provide details:*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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2 i) Is any work put out to sub-contractors?

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

What percentage of gross income/fees was paid to sub-contractors in the last financial year? %

ii) Are sub-contractors required to carry insurance?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

iii) Do you get an indemnity from sub-contractors, in writing?

If YES, to what limits?

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8 | FINANCIAL INFORMATION

1 i) Please state the Proposer/s gross income/revenue received:

	Last Year	Current Year Estimate	Forthcoming Financial Year
Year end:	/ /	/ /	/ /
South Africa:	R	R	R
Other:	R	R	R
Total:	R	R	R

ii) Trust Funds : State actual Trust Account values

	Last Year	Current Year Estimate	Forthcoming Financial Year
Year end:	/ /	/ /	/ /
South Africa:	R	R	R
Other:	R	R	R
Total:	R	R	R

iii) At what intervals are trust money balances checked by:

a. An internal audit of one of the partners

b. An audit by the firm's auditors

2 Please give details of the 3 largest instructions received in the last 5 financial years:

Client	Instruction Date	Instruction Description	Total Fee Earned for Instruction
1			
2			
3			

3 What is the total fee income received in the last financial year from your largest client?

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9 | ADDITIONAL INFORMATION

1 Do you use a standard form of contract, agreement or letter of appointment?

Yes

No

If Yes, please provide details:

2 i) Are you or have you 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:

ii) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation

Yes

No

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: