

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

AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW
Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.
33 Glenhove Road, Melrose Estate, 2196. Postnet Suite 250, Private Bag X4, Bedfordview 2008
Telephone: 011 778 9140, Facsimile: 011 778 9199, E-mail: camargue@camargueum.co.za, Website: www.camargueum.co.za

Underwritten by certain underwriters at Lloyds, Compass Insurance Company Limited and Bryte Insurance Company Limited

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"/> |
|-----|--------------------------|----|--------------------------|

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"/> |
|-----|--------------------------|----|--------------------------|

ii) Refused to accept or renew any insurance for the body corporate

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

iii) Cancelled the insurance?

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

If any answer is Yes to any of the above 3 questions, please provide full details

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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"/> |
|-----|--------------------------|----|--------------------------|

3 Is cover required for predecessor practices to the Proposer/s?

If YES, please provide full details:

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

| Name of Predecessor | Date Commenced | Date Ceased | Reason for Cessation |
|---------------------|----------------|-------------|----------------------|
| | | | |
| | | | |

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

If YES, please provide full details:

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

| | | | |
|---|--------|---|--------|
| Name of Principal: | | | |
| Name of Previous Firm: | | | |
| Period: | From | / | / |
| | 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 if this Firm for the Period stated above? | | | |

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

Yes

No

If Yes, please identify details:

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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:

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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):

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3 What steps have been taken to prevent a recurrence?

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5 | ADDITIONAL INFORMATION

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? |
|--|----------------|----------------|--|
| | | | |
| | | | |
| | | | |
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2 ADDRESS/ES of Proposer/s, all address/es must be shown together with the Principal responsible for the work at each office:

| Address | Principal in charge |
|---------|---------------------|
| | |
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| | |

6 | STAFF COMPLIMENT

Please state total numbers of staff members:

| | |
|--|--|
| Partners / Principals / Directors | |
| Qualified Staff (Excluding principals) | |
| Draughtsmen | |
| Trained staff | |
| All other | |
| Total | |

7 | ACTIVITIES

- 1 Please provide a full description of all of your activities:
NOTE: (Please provide a brochure / company profile, if available)

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8 | FINANCIAL INFORMATION

- 1 i) State for the whole Proposer's Gross Income/ Revenue:

| | Last Year | Current Year Estimate | Forthcoming financial year |
|-----------------------------------|-----------|-----------------------|----------------------------|
| Year end: | / / | / / | / / |
| Home: | R | R | R |
| Overseas (excl. USA & Canada): | R | R | R |
| USA & Canada: | R | R | R |

- ii) Split of Gross Fees in the last complete financial year:

| | |
|---|-------------|
| Civil Engineering Consultancy | % |
| Structural Engineering Consultancy | % |
| Soil & Foundation Consultancy | % |
| Mechanical Engineering Consultancy | % |
| Electrical Engineering Consultancy | % |
| Heating & Ventilating Engineering Consultancy | % |
| Architectural Consultancy | % |
| Town Planning/Quantity Surveying | % |
| Structural Surveys | % |
| Aerial Surveyors | % |
| Setting Out Engineering | % |
| Valuations on Existing Property | % |
| Environmental Consultants (Excluding any clean-up work) | % |
| Other work (please give details) | % |
| Total | 100% |

2 Do you anticipate any major changes on these activities in the forthcoming 12 months?

 Yes
 No

If Yes, please provide full details:

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3 Does the Proposer/s engage in any of the following types of Work?

If Yes, please state what percentage of gross fees in the last complete year derived from each type:

| | YES | NO | % |
|--|-----|----|--------------|
| Bridges/Flyovers/Tunnels | | | % |
| Roads Paving and Associated Drainage | | | % |
| Upgrade and Operations of Weighbridges | | | % |
| Water, Storm Water Drainage and Wastewater | | | % |
| Sewarage Treatment | | | % |
| Hydraulic (Water) Engineering and Transportation engineering | | | % |
| Recycling | | | % |
| Stadiums | | | % |
| Dams | | | % |
| Golf Courses | | | % |
| Harbours/Jetties/Sea Defences | | | % |
| Mining Industry | | | % |
| Bulk Handling Equipment/Hoppers/Silos | | | % |
| Other Mechanical Plant/Equipment | | | % |
| Fertiliser/Ammonia/Urea Plants | | | % |
| Chemicals/Petro-Chemicals/Chemical or Oil/ Gas Refineries | | | % |
| Nuclear/Atomic Projects | | | % |
| Hospitals/Universities/Schools/ Municipal Buildings | | | % |
| Government Departments/ Parastatals | | | % |
| Local Authorities | | | % |
| Shopping Malls/ Complexes | | | % |
| Factories/ Industrial Systems Building | | | % |
| Housing | | | % |
| Restoration Work | | | % |
| Reinforced/ Prestressed Concrete | | | % |
| Soil Testing/Foundations/Piles/ Inderpinnig/ Geotech | | | % |
| Other (Please specify) | | | % |
| Total | | | 100 % |

4 During the last 5 financial years, approximately what percentage of fee income derived from:

| | |
|---|---|
| Aborted work where nothing "physical" resulted | % |
|---|---|

5 Please state number of storeys in highest block completed during the last 10 years:

6 Does the Proposer/s now or has the Proposer/s in the past undertaken any services which may create a liability for pollution or contamination?

 Yes
 No

If Yes, please provide details:

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7 i) Please give details of the 5 largest contracts where construction has commenced during the past 5 years

| | Start Date | Description | Total Contract Value | Extent of Service | Approx. Completion Date |
|---|------------|-------------|----------------------|-------------------|-------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

ii) 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 | Approx. Completion Date |
|---|------------|-------------|----------------------|-------------------|-------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

8 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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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

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

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

If Yes, please give full details of the nature of the association together with the name and business of the third party.

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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: |