

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:

.....

Subsidiaries/Any other branches:

.....

Postal Code:

.....

Company Reg No.:

.....

VAT No.:

.....

Professional Association(s):

.....

Are you a member of the LPIIF or LPC?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Date Company Established / Services Commenced:

/ /

(If commenced within the past 24 months – Please attach CV of key personnel/ Directors/ Principals)

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Company Legal Constitution:

.....

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

Website:

.....

Business Activities: Please provide a full description of all of your activities:

NOTE: (Please provide a brochure / company profile, if available)

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

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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:

(a) Declined Proposal or renewal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(b) Required an increased premium or imposed special terms?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(c) Cancelled the insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES to any of the above 3 questions, please provide full details:

3 | Required Cover

1. State the LIMIT OF INDEMNITY and EXCESS required:

	Option 1:	Option 2:	Option 3:
Limit:	R	R	R
Excess:	R	R	R

2. Do you require backdated retro-active cover?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please advise how many years backdated cover is required:

1 Year	<input type="checkbox"/>	2 Years	<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. 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 Directors/ Partners industry experience?

5. 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?						

4 | Previous Losses/Existing Circumstances

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

- (a) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?
- (b) Cause any loss to the Proposer, any predecessor or any past or present Principal?
- (c) Otherwise affect the consideration of this proposal for insurance?

YES		NO	
YES		NO	
YES		NO	

if YES, please provide full 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	
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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 | Staff Compliment

1. Please state total numbers of staff members:

Partners / Principals / Directors	
Number of Attorneys	
Number of Candidate Attorneys	
All other	
Total	

6 | Activities Of Proposer

1. (a) Please categorise the activities outlined on page 1 and indicate the approximate percentages of the gross income/fees each represents:

Arbitration, Adjudications, Affidavits, Advocacy	%
Business Rescue	%
Commercial work	%
Conveyancing commercial	%
Conveyancing residential	%
Criminal Law	%
Debt Collection	%
Defendant Litigious work for Insurers	%
EC competition law/Human rights	%
E-Commerce and IT	%
Employment work	%
Estate planning	%
Family	%
Financial Advice/Service work	%
Financial Advice/Service work (Regulated)	%
Immigration	%
Intellectual property/Copyright	%
Landlord/Tenant	%
Lecturing or related activities	%
Litigious work-other	%
Marine	%
Mergers & acquisitions	%
Non-litigious work	%
Personal Injury defendant	%
Personal Injury Litigant	%
Property, Selling, Valuation, Management	%
Tax Law/Planning	%
Town and Country Planning	%
Trust probate, wills and tax planning	%
Total	100 %

(b) Do you anticipate any major changes on these activities in the forthcoming 12 months?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details.

(c) Have you undertaken any other activities in the past for which cover is required?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details.

2. (a) 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?

	%
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(b) Are sub-contractors required to carry insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(c) Are sub-contractors required to carry their own Professional Indemnity insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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List all activities / work sub-contracted out:

7 | Financial Information

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

	Last year:	Current year estimate:	Forthcoming financial year:
Year end:	/ /	/ /	/ /
South Africa:	R	R	R
USA/Canada	R	R	R
Other:	R	R	R
Total:	R	R	R

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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4. Do you or your firm do any business for your clients in any other countries?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide full details.

5. Do you or your firm do any business for your clients in North America, or any other countries/ states governed by their laws?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please complete **Annexure A**.

8 | Risk Management

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

2. (a) 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"/>
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If YES, please give full details (including names of the other parties) special arrangement must be made to cover this type of work:

(b) 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"/>
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3. Do you limit your liability under contract?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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4. Do you limit the time in which you can be held liable?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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5. Do you have a person dedicated to risk management of the company?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify.

6. Do you have any risk management procedures in place to avoid claims?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify/attach.

7. Do you have a System to avoid conflict of interest?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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8. Does the practice have any form of quality management in place?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify/attach.

9. Do you have Continuing Legal Education?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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10. Do you have Prescription Alert system?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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9 | Peer Review

1. Do you have a peer review process?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify/attach:

10 | Inter-Partnership Arrangements

1. Do you have any inter-partnership arrangements with other law firms?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES

(a) Do these firms carry out work in the name of your firm or visa-versa?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(b) Do they have professional Indemnity cover in place and for what amount?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Please submit a declaration from them that their partners are, after enquiry, not aware of any circumstances which may result in any claim being made in connection with work undertaken on your behalf.

11 | Audits and Controls

1. Do you operate a trust account?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(a) 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

2. Are your books audited by a qualified external accountant/Auditor?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. Are these audits complete and unqualified?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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4. Have any audits recommendations been adopted?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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5. What are your transfer/cheque limits?

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6. Names and positions of signatories authorized to sign cheques/release payments:

7. Has the Proposer sustained any loss through the fraud or dishonesty of any employee, or is there knowledge of such dishonesty?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details on a separate sheet, including steps taken to prevent a recurrence.

8. Does the Proposer always obtain written references going back at least three years when engaging employees?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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9. All staff are all checked for criminal records and there are no convictions relating to dishonesty.

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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10. Do you have an enforced leave policy?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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12 | Conveyancing (Where Applicable)

1. Do you facilitate transactions for:

(a) High value property transfers?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(b) Agricultural land/farms?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES to the above, do you employ processes to ensure that land use rights are identified, and the appropriate authorities engaged for permissions or transfer of rights to the new owner?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify/attach:

13 | Verification Process

1. Do you have a verification process in place when clients notify of a change of details, whether banking information or otherwise?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2. Is the process communicated to all staff regularly?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Please attach a copy of your verification process.

Please note: Claims relating to transfer instructions may be prejudice in the event no process exists or is not followed.



PROFESSIONAL INDEMNITY Legal Practitioners Proposal Form

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.

Privacy Statement

I/We consent to Camargue Underwriting Managers processing my/our personal information as per the Privacy Statement which may be accessed here <https://www.camargueum.co.za/legal>.

.....

Name:

.....

Signature

.....

Date: DD/MM/YYYY

AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW
Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.
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UNDERWRITTEN BY THE LICENSED INSURERS:

Certain underwriters at **Lloyd's**

Bryte Insurance Company Limited
A Fairfax Company
Co. Reg. No. 1965/006764/06
FSP (17703)

Compass Insurance Company Limited
Co. Reg. No. 1994/003010/06
FSP (12148)

