

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:

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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):

.....

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)

2 | Insurance History

1. Are you in the present or have you in the past been Insured?

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

Insurers:

Limit of Indemnity:	R
Excess (Each and every claim):	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 | 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?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(b) Cause any loss to the Proposer, any predecessor or any past or present Principal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(c) Otherwise affect the consideration of this proposal for insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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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 | 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?

2. 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?						

6 | Staff Compliment

1. Please state total numbers of staff members:

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

7 | Activities

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

	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Total	100%

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

YES		NO	
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If YES, please provide full details:

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

YES		NO	
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If YES, please provide full details:

(d) 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?

YES		NO	
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If YES, please provide full 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:

List all activities / work sub-contracted out

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

	%
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8 | Financial Information

1. 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

2. 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:

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

(a) What percentage of fees are attributed to these activities?

	%
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4. Please give details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business):

Client:	Start Date:	Description:	Total Contract Value:	Fee	Approx Completion Date:

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

	R
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9 | 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 attach a copy.

2. Do you limit your liability under contract?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. (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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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.



PROFESSIONAL INDEMNITY Miscellaneous 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>.

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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)

