



PROPOSAL FORM

ARCHITECTS, INTERIOR DESIGNERS & TOWN PLANNERS PROFESSIONAL INDEMNITY

IMPORTANT - PLEASE READ BEFORE COMPLETING THIS PROPOSAL FORM

1. The Proposal, together with other information requested by or provided to the Insurers, is required to assist in the evaluation and rating of the risk resulting in the provision of Quotations. Completion of the Proposal does not bind the Proposer or the Insurers to complete the insurance transaction.
2. As the Proposal will form the basis of any insurance contract that may subsequently be issued by the insurers, it is imperative that all Questions be answered in full and to the best of the knowledge and belief of the Proposer – misrepresentation and/or non-disclosure may result in the rejection of claims and/or invalidate the Policy.
3. Should there be insufficient space provided herein, please supply any additional information on separate pages.
4. "Not Applicable" and "N/A" are not suitable responses. **All Questions must be completed in full.**
5. An OFFICIAL Quotation cannot be provided unless all questions have been answered and the **Proposal Form signed and dated.**
6. A full and properly INITIALLED copy of the Proposal Form is required in order for cover to be bound.
7. Please ensure that all responses are clear and legible.
8. **In the event that the Proposer elects not to respond to a Question or specifically request cover in respect of any Section and/or Extension, it will be deemed that cover or a Quotation to include cover is not required.**
9. The completion of this form and the provision of a Quotation and any additional information applicable to the provision of a Quotation, shall not be deemed to be the provision of advice.
10. Should any further/additional information, explanation or advice be required in respect of the product, terms cover etc, this should be sought from an insurance broker.
11. Any form completed and/or signed by an insurance broker on behalf of the Proposer will be deemed to have been completed by the Proposer.

Tradeforth 6 (Pty) Limited trading as Abelard Underwriting Agency
 Registration No 1996/008912/07
 Ground Floor, 292 Surrey Avenue, Randburg
 PO Box 2155 Pinegowrie, 2123
 Tel +27 11 326-2951, Fax 0866 351 124 (Local) +27 11 326-2952 (Intl)
 Directors: DJC Cox (Managing), CE Diederiks, CP Norrington*British, K L Waugh

F.A.I.S. Compliance Details
 FSP Licence Number: 28
 Compliance Practice: Associated Compliance (Pty) Ltd
 FSB Practice No: 6377
 Compliance Officer: Peter Veal





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12. **Please do not tick or cross response boxes or leave them blank, where applicable, respond either "Yes" or "No"**
13. The Proposal Form should not be signed and initialled unless read and understood. Insurers will consider all signed and initialled Proposal Forms as having being read and understood

This is a proposal for a claims made policy

The policy will only respond to claims and/or circumstances, which are first made against the Insured and notified to the Insurer/underwriter during the policy period. **The policy will not provide cover for:-**

- Events that occurred prior to the retroactive date of the policy.
- Claims made after the expiry of the policy period even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period, which you knew had the potential to give rise to a claim under the policy.

1. Details of Proposer:

1.1 Proposer / Practice Name: _____

*(Please attach details of
all subsidiary companies)*

1.2 Postal Address: _____

1.3 Telephone Number: _____

Fax Number: _____

E-Mail address: _____

Website address: _____

VAT Registration Number: _____

Company registration Number: _____

1.4 Present Legal Constitution (Mark Relevant Box):

Sole Practitioner ☐ Partnership ☐ Incorporated Co. ☐ Limited Co. ☐ Closed Corp. ☐

1.5 Date of commencement of Practice: As currently constituted: _____

As initially established: _____

1.6 Names and Qualifications of Principals.

i) In case of Partnerships – Partners

ii) In case of Incorporated Companies – Directors

iii) In case of Limited Companies – Professionally qualified Directors and Employees

iv) In case of Closed Corporations – Members

Name	Qualifications	Date Qualified	How long Principal in this Practice

- 1.7. Are any branches of the Proposer located outside of South Africa? Yes No ☐ ☐

If YES, please provide full details:

2. Detailed Business Description:

(if engaged in multiple disciplines, please provide a percentage split – total must add up to 100%)

3. Claims experience

- 3.1 Have any claims ever been made against the Proposer / Partners / Directors / Members or Employees for the type of cover for which you are now applying, whether in terms of this Proposal or any other Proposal / policy for the same type of cover (including but not limited to Single Projects)?

Yes ☐ No

If YES, please provide full details:

☐

- 3.2 After enquiry, are any of the Proposer / Partners / Directors / Members or Employees aware of any circumstances which would be covered under a policy of this type, or any other policy for the same type of cover (including but not limited to Single Projects), that may result in any claims or any possible claims being made against them?

Yes ☐ No ☐

If YES, please provide full details:

4. Details of Insurance

- 4.1 Are you at present or have you in the past been insured? Yes ☐ No ☐

If YES, please provide the following details:

Name of insurers: _____

Date cover expires/d: _____

Expiry of "Run-off" cover (if any): _____

Limit of Liability: _____

Excess applicable: _____

4.2 For the type of insurance now being proposed, has any insurer ever :

- i) declined a proposal or renewal for this Practice or any Partner / Principal? Yes ☐ No ☐
- ii) required an increased premium or imposed special terms? Yes ☐ No ☐
- iii) cancelled an insurance? Yes ☐ No ☐

If YES, please provide full details:

4.3 Do you require cover in respect of any liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated? Yes ☐ No ☐

5. Staff complement

Total number of :

Partners / Principals / Directors		Qualified Staff	
Draughtsman		Trainee Staff	
Other Technical Staff		All other staff	
Total Staff Complement			

6. Disciplines in which engaged.

6.1 Please provide the percentage of total fees attributable to each profession. (Total percentage must add up to 100%)

Activity	Percentage
Architecture	
Interior Designers	
Town and Regional Planning	
Project Management (supervision of construction of designs from other firms)	
Project Management (supervision of construction of own designs)	
Other (Please specify)	
Total	100%

If involved in Project Management, please indicate below which activities you are responsible for:-

Feasibility Studies (General)		Flowsheets	
Road Routing Design and Feasibility		Drafting of Contract Conditions	
Cost Estimates		Quantity Estimates	
Cash Flow Forecasts		Instructions to Renderers	
Geotechnical Services		Tender Adjudication / Recommendation	
Design Criteria		Approval of Detailed Design	
Working Drawings		Co-ordination	
Expediting		Supervision of Commissioning	
Quality Control / Assurance		Certifying Final Completion	
Arranging Site Insurances		Issuing Variation Orders	
Supervision of Installation / Construction		Settling Contractual Claims	
Measurement		Certifying Final Payment	
Authorisation of Progress Payments		Clearing, Forwarding & Customs	
Administration of Retention Fund		Others	

6.2. **Is or will your practice be involved in any work on the Gautrain Project?** Yes ☐ No ☐

If YES, please provide the following information:

a) Contract Details

i) Commencement Date and Project Period: _____

ii) Run-off Period: _____

iii) Anticipated Fees (Total and by Year): _____

Total: _____

iv) Type of / Details of Contract: _____

v) Contract Value: _____

b) Contract Management

If the Contract is larger / longer than the normal projects undertaken, advise details of how the Project will be managed:



c) Limit & Deductible

Advise Limit of Liability required:

R _____

Advise Deductible required:

R _____

6.3. **Please provide us with details of any other projects being worked on of an unusual or special nature (outside the normal scope of business) or with a total contract value in excess of R 500M?**

6.4. **Tidal Waters (ocean, coastal, river mouth or estuarine waters coming under the continual influence of the tides)**

a) Is or will your practice operate or undertake any projects that could be affected by tidal Waters?

Yes ☐ No ☐

b) Is or will your practice operate or undertake any projects on reclaimed coastal land?

Yes ☐ No ☐

c) If YES, please provide the following information:

i) Are these projects normal to your business practice?

Yes ☐ No ☐

ii) What is your experience in this discipline?

iii) Do you employ the necessary specialists within your practice?

Yes ☐ No ☐

iv) Are the techniques used tried and tested or new?

v) Advise the anticipated Fees from such projects.

vi) Advise any previous losses / circumstances.

7. **Is the Practice or any Partner / Principal / Director engaged with any other person / Practice in a Single Project Partnership or a Consortium or Group Practice?**

Yes ☐ No ☐

If YES, please provide details:

The Company's standard policy does not cover any liability that may flow from collaboration in Consortium or Single Project partnership, and notice must be given any of any such association that may be entered into during the contract subsistence of the Insurance contract.

8. Please provide the following contract details:

- 8.1 Does this Practice undertake any work whatsoever where the “end product” of such work is carried out in territories other than Republic of South Africa? Yes ☐ No ☐

If YES, please provide details:

Country	Starting Date	Type of Contract	Total Contract Value	Approximate Completion date
			R	
			R	

- 8.2 Please state the 5 largest contracts commenced during the past 6 years:

Country	Starting Date	Type of Contract	Total Contract Value	Approximate Completion date
			R	
			R	
			R	
			R	
			R	

9. Applicable to Limited Companies only

Do your charges accord with the scales sanctioned by the Professional Body in the field in which you are engaged? Yes ☐ No ☐

If No, on what basis do you charge for your services?

10. Fee income (as at the company's financial year end)

Financial Year end: _____

Please give the audited fees (VAT exclusive) for the past 5 years:

Year End	Fees
1)	R
2)	R
3)	R
4)	R
5)	R

Estimate for the next 12 months:

R_____



11. Quotations required

11.1 Limit any one period of insurance
inclusive of costs and expenses

R _____

R _____

R _____

11.2 Deductible (Excess)

(The amount carried by Proposer per claim)

R _____

R _____

R _____

11.3 Do you require a quote on one or two reinstatements of the Limit during the period of Insurance?

Yes ☐ No ☐

Declaration:

I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not miss-stated or suppressed any material fact.

I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/we undertake to inform Insurers/underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed on behalf of Proposer

Full name

Position held at Proposer

Date