

PROFESSIONAL INDEMNITY PROPOSAL FORM

ENGINEERS & QUANTITY SURVEYORS

The proposal must be completed and signed by the Insured. This proposal is a quotation request and shall form the basis of the insurance contract between the Insured and the Insurer, on acceptance thereof by both parties. Making any false statements or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, as the case may be. A material fact is any fact that might influence the acceptance of the risk.

1. General

Inception Date		Broker	
Name of Insured			
Name of Insured Practice			
Contact Person		Contact No.	
Postal Address			
Registered Address			
Identity Number		Registration No.	
Telephone Number		E-Mail Address	
Fax No.		Website	
Date Established			

PRESENT LEGAL CONSTITUTION (Please mark the box with an (x))

Close Corporation	<input type="checkbox"/>	Limited Co.	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Sole Practitioner	<input type="checkbox"/>	Incorporated Co.	<input type="checkbox"/>
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2. Date of Commencement of Practice

2.1.	As currently constituted	<input type="checkbox"/>	2.2.	As Initially established	<input type="checkbox"/>
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SPECIALIZED INSURANCE COMPANY LIMITED | Registration Number 50508

+266 2232 0837/ 8 | info@sic.co.ls | www.sic.co.ls

Address | 5th Floor, MGC Park, Corner Pope John Paul II & Mpilo Boulevard, Maseru, Lesotho, 100

Directors | Managing Executive, Mr M Lazaro | Non-Executive, Mrs F Khabo & Mr S Beeton | Chairman, Mr N Letele

3. Disciplines(s) in which engaged

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4. Names & Qualifications of Directors

Name	Qualification	Date Qualified	How Long in Practice

4.1.	Number of other employees	
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5. Finance Details

Please state your total fee income / commission (including fees paid to sub contractors and consultants)

Previous year (R)		Estimated for this year (R)	
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5.1.	Indemnity Limit required (R)	
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5.2.	Excess (R)	
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5.3.	Retroactive Date	
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5.4.	Reinstatement of Sum Insured	Yes	No	
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5.5.	Dishonesty of Staff	Yes	No	
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5.6.	Libel and Slander	Yes	No	
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5.7.	Loss of Documents	Yes	No	
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6. Claims History

6.1.	Has the company had any claims in the past five years?	Yes	No	
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If "yes", please give details

6.2.	Has the company ever been declined Professional Indemnity / Fidelity Guarantee Insurance?	Yes	No	
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If "yes" please specify

6.3.	Is any partner or director of principal aware, after inquiry, of any circumstances, which may result in any claim, being made against the firm, their predecessors in business or any of the present or past partners or directors of principal?	Yes	No	
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If "yes" please specify

6.4.	Are you at present or have you in the past been insured?	Yes	No	
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If "yes" please specify

6.5.	Is Indemnity to apply to any Principal who has left / retired / died?	Yes	No	
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If "yes" please specify

Name	Qualification	Date Qualified	How Long in Practice

PROFESSIONAL INDEMNITY PROPOSAL FORM | ENGINEERS & QUANTITY SURVEYORS | Part 2

1. Discipline

1.1.	Discipline in which engaged and in the case of multi-disciplinary practice the percentage of total fees attributable to each profession. (Please be specific, e.g. Consulting Engineers – should distinguish between Civil, Structural, Mechanical, Electrical, Hydraulic, Ventilation and other activities)
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Profession		Percentage of Total Fees

2. Staff Compliment

a)	Partners/Principals/Directors	
b)	Qualified Staff	
c)	Draughtsman	
d)	Trainee Staff	
e)	Other Technical Staff	
f)	All other Staff	
g)	Total Complement	

3. Professional/Business Relationships

a)	Does the Practice or any Partner / Principal / Director have any association with or financial interest in any other Practice / Company / Organisation?	Yes		No	
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If "yes" please specify

b)	Is the Practice of any Partner / Principal / Director engaged with any other practice or person in a Single Project Partnership?	Yes		No	
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If "yes" please specify

c)	Is the Practice or any Partner / Principal / Director a member of a Consortium or Group Practice?	Yes		No	
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If "yes" please specify

4.

Does the Practice undertake any work whatsoever where the “end product” of such work is carried out in territories other than South Africa? If “yes” please give the following details:

Country (PRIVATE)	Starting Date	Type of Contract	Total Contract Value	Approximate Completion

5.

Please state the 5 largest contracts commenced during the past 6 years

Country (PRIVATE)	Starting Date	Type of Contract	Total Contract Value	Approximate Completion

6.

	Please give the approximate percentage applicable to these specified projects as a percentage of the total work which have carried out during the past 12 months. (All these questions must be answered)	Approximate Percentage: If none state “NONE”	
a)	Feasibility studies, reports, surveys, etc. (where applicant is not involved in actual design work)		(%)
b)	Bridges and / or Tunnels		(%)
c)	Dams		(%)
d)	Mines		(%)
e)	Harbours of Jetties		(%)
f)	Sewerage Schemes		(%)
g)	Foundations and Underpinning		(%)
h)	Soil Testing		(%)
i)	Water Schemes		(%)
j)	Nuclear or Atomic projects		(%)
k)	Heating Ventilating and Air Conditions		(%)
l)	Chemical, Petro-chemicals and Refineries		(%)
m)	Housing Schemes		(%)
n)	High Rise Buildings		(%)
o)	Schools, Hospitals and Municipal Building		(%)
p)	Industrial Systems Buildings		(%)
q)	Mechanical Plant and Bulk Handling Equipment (including Silos etc.)		(%)
r)	Other work including any specialist activities not shown above		(%)

SUPERVISION OF CONSTRUCTION

a)	Proportion of work where Firm both designs and supervises the actual construction		(%)
b)	Proportion of work where Firm provides technical supervision of construction from the design made by other Firms		(%)

7.

When Independent or specialist consultants are required for any commission, have you in the past ensured, and will you in the future endeavour to ensure that such consultants are appointed directly to your client:

a)	In the past	Yes		No	
b)	In the future	Yes		No	

8.

8.1.	Do your charges accord with the scales sanctioned by the Professional Body in the field in which you are engaged?	Yes		No	
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If no, on what basis do you charge for your services?

8.2.	PLEASE ATTACH to this Proposal, specimens of the FORMS OF AGREEMENT, which you ordinarily enter into with your clients.	Yes		No	
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DECLARATION

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete. I/We confirm that we have not misled or misinformed underwriters of any material facts, and agree that this proposal form shall be the basis of the insurance contract.

Name		Date	
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Title/Position	
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Insured Signature	
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