

## PROFESSIONAL INDEMNITY PROPOSAL FORM

### ESTATE AGENTS

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		2.2.	As Initially established	
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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

<b>4.1.</b>	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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<b>5.1.</b>	Indemnity Limit required (R)	
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<b>5.2.</b>	Excess (R)	
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<b>5.3.</b>	Retroactive Date	
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<b>5.4.</b>	Reinstatement of Sum Insured	Yes	No	
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<b>5.5.</b>	Dishonesty of Staff	Yes	No	
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<b>5.6.</b>	Libel and Slander	Yes	No	
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<b>5.7.</b>	Loss of Documents	Yes	No	
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## 6. Claims History

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

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

<b>6.3.</b> 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:

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

<b>6.5.</b> 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 | ESTATE AGENTS | Part 2**

## 1. Description of Business

<b>1.1.</b>	Please state the percentage of income for each of the following activities:		
a)	Estate Agency		(%)
b)	Building Society Agency		(%)
c)	Valuations		(%)
d)	Estate / Property Management		(%)
e)	Sectional Title Administrators		(%)
f)	Rent Collecting		(%)
g)	Quantity Surveying		(%)
h)	Auctioning		(%)
i)	Architectural / Design & Planning Work		(%)
j)	Loss Assessors & Adjusters		(%)
k)	Insurance Agents without Binding Authority		(%)
l)	Insurance Broking with Binding Authority to issue Cover Notes and/or Certificates, etc. or have claims settlement authorities on behalf of Insurers		(%)
m)	Project Managers (Please supply details of this work)		(%)
n)	Mortgage Broking		(%)

## 2. Staff Compliment

<b>2.1.</b>	Full Time Staff (Excluding Partners)	
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<b>2.2.</b>	Permanent / Part Time Staff	
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Name	Qualification	Date Qualified	How Long in Practice

## 3.

Have any claims ever been made against you, your Firm or their predecessors in business or otherwise in respect of liability to be covered by the Proposed Insurance?	Yes		No	
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If "yes", please give full details.

**4.**

Does the Firm employ any Independent Surveyor / Architect NOT being a Partner or Member of the Insured's staff for whom cover is required?	Yes		No	
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Name	Qualification	Date Qualified

**5.**

Retired / Deceased Partners for whom cover is required, and date they ceased practicing:
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Retired / Deceased Partners	Date Ceased Practicing

**6.**

Do you operate in any country other than R.S.A.	Yes		No	
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If "yes", please give details.
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**7.**

Is the Firm a member of a Professional Association?	Yes		No	
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**8.**

Do you undertake Valuations?	Yes		No	
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If "yes", please give details.

<b>a)</b>	What system is in force to prevent time limits under Rent Act of Landlord and Tenant Act being overlooked?
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<b>b)</b>	Is any system in force to ensure that the provisions in respect of a) above is followed by members of staff. (e.g. how often does Senior Partner / Principal check that the system is being properly implemented?)
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**10. Optional Extensions**

<b>a)</b>	Replacement of Document loss	Yes		No	
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<b>b)</b>	Dishonesty of Employees	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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