

## PROFESSIONAL INDEMNITY PROPOSAL FORM

### MISCELLANEOUS

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         |  | Email 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"/> |
|-------------------|--------------------------|-------------|--------------------------|-------------|--------------------------|-------------------|--------------------------|------------------|--------------------------|

#### 2. Date of Commencement of Practice

|      |                          |                          |      |                          |                          |
|------|--------------------------|--------------------------|------|--------------------------|--------------------------|
| 2.1. | As currently constituted | <input type="checkbox"/> | 2.2. | As Initially established | <input type="checkbox"/> |
|------|--------------------------|--------------------------|------|--------------------------|--------------------------|



**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

### 4. Names & Qualifications of Directors

| Name | Qualification | Date Qualified | How Long in Practice |
|------|---------------|----------------|----------------------|
|      |               |                |                      |
|      |               |                |                      |
|      |               |                |                      |
|      |               |                |                      |
|      |               |                |                      |
|      |               |                |                      |

|             |                           |  |
|-------------|---------------------------|--|
| <b>4.1.</b> | Number of other employees |  |
|-------------|---------------------------|--|

### 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) |  |
|-------------------|--|-----------------------------|--|

|             |                              |  |
|-------------|------------------------------|--|
| <b>5.1.</b> | Indemnity Limit required (R) |  |
|-------------|------------------------------|--|

|             |            |  |
|-------------|------------|--|
| <b>5.2.</b> | Excess (R) |  |
|-------------|------------|--|

|             |                  |  |
|-------------|------------------|--|
| <b>5.3.</b> | Retroactive Date |  |
|-------------|------------------|--|

|             |                              |     |    |  |
|-------------|------------------------------|-----|----|--|
| <b>5.4.</b> | Reinstatement of Sum Insured | Yes | No |  |
|-------------|------------------------------|-----|----|--|

|             |                     |     |    |  |
|-------------|---------------------|-----|----|--|
| <b>5.5.</b> | Dishonesty of Staff | Yes | No |  |
|-------------|---------------------|-----|----|--|

|             |                   |     |    |  |
|-------------|-------------------|-----|----|--|
| <b>5.6.</b> | Libel and Slander | Yes | No |  |
|-------------|-------------------|-----|----|--|

|             |                   |     |    |  |
|-------------|-------------------|-----|----|--|
| <b>5.7.</b> | Loss of Documents | Yes | No |  |
|-------------|-------------------|-----|----|--|

## 6. Claims History

|             |  |     |    |  |
|-------------|--|-----|----|--|
| <b>6.1.</b> | Has the company had any claims in the past five years? | Yes | No |  |
|-------------|--|-----|----|--|

If "yes", please give details

|             |   |     |    |  |
|-------------|---|-----|----|--|
| <b>6.2.</b> | Has the company ever been declined Professional Indemnity / Fidelity Guarantee Insurance? | Yes | No |  |
|-------------|---|-----|----|--|

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 |  |
|-------------|--|-----|----|--|

If "yes" please specify

|             |  |     |    |  |
|-------------|--|-----|----|--|
| <b>6.4.</b> | Are you at present or have you in the past been insured? | Yes | No |  |
|-------------|--|-----|----|--|

If "yes" please specify

|             |   |     |    |  |
|-------------|---|-----|----|--|
| <b>6.5.</b> | Is Indemnity to apply to any Principal who has left / retired / died? | Yes | No |  |
|-------------|---|-----|----|--|

If "yes" please specify

| Name | Qualifications | Date Qualified | How long in Practice |
|------|----------------|----------------|----------------------|
|      |                |                |                      |
|      |                |                |                      |
|      |                |                |                      |
|      |                |                |                      |

**PROFESSIONAL INDEMNITY PROPOSAL FORM | MISCELLANEOUS E&O PROFESSIONS | Part 2**

## 1. Business Details

Describe in detail the nature of your business

## 2. Staff Compliment

|             |   |  |
|-------------|---|--|
| <b>2.1.</b> | Total number of Partners/Principals/Directors |  |
|-------------|---|--|

|             |                                 |  |
|-------------|---------------------------------|--|
| <b>2.2.</b> | Total number of all other Staff |  |
|-------------|---------------------------------|--|

| Name of all Directors / Partners | Qualifications | Year Obtained | How long a Director / Partner in Firm | If less than 5 Years practical experience in this occupation, please give details of previous occupation? |
|----------------------------------|----------------|---------------|---------------------------------------|---|
|                                  |                |               |                                       |   |
|                                  |                |               |                                       |   |
|                                  |                |               |                                       |   |

|             |   |     |  |    |  |
|-------------|---|-----|--|----|--|
| <b>2.3.</b> | If sole Director/Partner, is this a part time occupation? | Yes |  | No |  |
|-------------|---|-----|--|----|--|

If "yes" please specify

## 3.

|   |     |  |    |  |
|---|-----|--|----|--|
| Does the firm perform work outside South Africa or work for clients outside South Africa? | Yes |  | No |  |
|---|-----|--|----|--|

If "yes" please specify

## 4.

|  |     |  |    |  |
|--|-----|--|----|--|
| Are any major changes in the Firm's activities planned or expected within the next two years? If "yes" please specify. | Yes |  | No |  |
|--|-----|--|----|--|

If "yes" please specify

## 5.

|  |     |  |    |  |
|--|-----|--|----|--|
| Does the Firm use a standard form of contract, agreement or Letter of appointment? | Yes |  | No |  |
|--|-----|--|----|--|

If "yes" please enclose copies

## 6.

|   |     |  |    |  |
|---|-----|--|----|--|
| Does the Firm issue any Brochure, Leaflets, Books etc. describing the Firm's services or offering any services or facility? | Yes |  | No |  |
|---|-----|--|----|--|

If "yes" please enclose copies.

## 7.

|   |     |  |    |  |
|---|-----|--|----|--|
| Does the Practice undertake any work whatsoever where the "end product" of such work is carried out in territories other than South Africa? | Yes |  | No |  |
|---|-----|--|----|--|

If "yes" please give the following details

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

## 8.

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

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

## 8.

|   |     |  |    |  |
|---|-----|--|----|--|
| Is any work put out to sub-contractors? | Yes |  | No |  |
|---|-----|--|----|--|

If "yes" please specify

**10.**

|   |     |  |    |  |
|---|-----|--|----|--|
| Do you ensure that all sub-contractors have their own Professional Indemnity Insurance? | Yes |  | No |  |
|---|-----|--|----|--|

If "yes" please specify

**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 |  |
|------|--|------|--|

|                |  |
|----------------|--|
| Title/Position |  |
|----------------|--|

|                   |  |
|-------------------|--|
| Insured Signature |  |
|-------------------|--|



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