

civilsure

PROPOSAL FORM ANNUAL PROFESSIONAL INDEMNITY INSURANCE For CONSTRUCTION INDUSTRY PROFESSIONALS

CAUTIONARY NOTE

Please answer all questions FULLY. This Proposal Form will be read in conjunction with the Brokers Notes to Underwriters. Failure to answer all applicable questions accurately could result in a claim being repudiated due to a non-disclosure of material information.

Signature of this Proposal does not bind the Proposer / Insurers to complete the Insurance.

Please return the completed form to info@civilsure.co.za

1. Name of Practice / Firm

2. Main Office Physical Address

Telephone

E-mail

Postal Address

Location of Branch Offices

3. Company Registration No. :

Company VAT No. :

Principal / Partner In Charge

4. Details of All Principals

Name

Qualifications

Date Qualified

How Long with Company

5. Present Legal Constitution

Sole Practitioner

Incorporated Company

Partnership

Limited Company

6. Date of Commencement of Practice:-

As initially established

As currently constituted

Previous Names of Firm (if applicable)

7. Staffing. Please state the number of:-

Partners / Directors

Qualified Assistants

Other Staff (non admin)

Admin

Contracted Technical

Other

8. If a Sole Practitioner / Director or Principal, please indicate whether this is a Part-time occupation: YES NO

9. During the past five years has the name of the business changed :- YES NO

10. Has any business been acquired or any mergers taken place YES NO

If YES, please provide details.

11. Is the firm or any Principal / Director / Partner thereof connected or Associated financially or otherwise with any other firm or organization for Whom work may be undertaken.

YES NO

If yes, please supply full particulars

12. Are you a member of a Consortium or engaged in any Single Project partnerships or Joint Ventures? YES NO

If yes, please provide the following:-

Name of Project

JV Partners

Your percentage participation _____

Do you need cover to be provided under this Proposal YES NO

Are fees earned by you included in the Gross Fees declared in this Proposal YES NO

13. Brief Description of Business (eg Project Managers, Mechanical and Electrical Engineers, Multi Discipline practice etc.)

14. Primary Activities of Practice (Engineers):-

%

Civil & Structural: Housing and Low Rise Commercial / Industrial

Civil & Structural: Infrastructure and Major Commercial /Residential Developments, High Rise Buildings etc.

Electrical & Mechanical / Heating & Ventilating / Refrigeration

Mining

Geotechnical

Petro Chemical / Transfer Pipelines / Process Engineering etc

15. Primary Activities (Project Managers / Quantity Surveyors) %

Residential Housing / Low Rise Commercial and Industrial
 Infrastructure and Major Commercial / Residential Developments, High Rise buildings etc.
 Electrical and Mechanical / Heating and Ventilation / Refrigeration
 Mining
 Petro Chemical / Transfer Pipelines / Process Engineering
 Resort Development

16. Primary Activities (Architects, Land Surveyors, Town Planners, Environmentalists etc) %

Residential Housing / Low Rise Commercial and Industrial
 Infrastructure and Major Commercial / Residential Developments, High Rise Buildings etc
 Mining
 Petro Chemical / Transfer Pipelines / Process Engineering
 Resort development

%

17. Please indicate the split in work as a percentage of Gross Fee Income

Town Planning
 Environmental Studies
 Feasibility Studies, Reports, Surveys etc
 High Rise Buildings
 Industrialised Systems Buildings
 Individually Designed Low Rise Housing Schemes
 Foundations and / or Underpinning and / or piling
 Soil / Subsurface testing
 Heating, Ventilating, Air conditioning, refrigeration
 Sewerage Water Schemes
 Schools Hospitals and Municipal Buildings
 Bridges / Overpasses / Underpasses
 Dams, Harbours, Jetties and sea defences
 Tunnels / Mines
 Chemical / Petro chemical / Processing Plants
 Nuclear / Atomic Projects
 Mechanical Plant & Bulk Handling

18.

- | | | |
|--|------------|-----------|
| a) Does or will the practice undertake work influenced by Tidal Waters or on Reclaimed Coastal Land | YES | NO |
| b) Are such projects normal to your business practice | YES | NO |
| c) What is your expertise in this field. | | |
| d) Do you employ the necessary specialists within your practice | YES | NO |

e) Are the techniques used tried and tested, new or under development

f) What are the anticipated fees from this work?

19. Does the Practice undertake Project Management other than that normally provided through the normal duties of an Engineer or Architect?

YES NO

20. If the Practice is appointed in the capacity of Project Managers do you ordinarily take on the following duties:-

YES NO

Possibility Studies (general)

Road Routing Design and feasibility

Cost Estimates

Cash Flow Forecasts

Geotechnical

Design of the works or portions thereof

Working Drawings

Flowsheets

Drafting of Contract Conditions

Quantity Estimates

Instructions to Tenderers

Tender Adjudication and Recommendation

Approval of Detailed Design

Clearing Forwarding and Customs Matters

Issuing Variation Orders

Certifying of Practical Completion (all Stages)

Supervision of commissioning

Authorisation of progress payments

Arranging of Site Insurances, Guarantees etc

Quality Control / Assurance / Approval / Certification

Co-ordination and Expediting

Supervision of Installation or construction

Measurement

Administration of Retention Fund

Certifying of Final Completion

Settling Contractual Claims

Certification of Final Payments

21. Does the Firm undertake any work outside South Africa?

YES NO

If so give full details

22. Please give details of the five largest projects undertaken in the past five years.

Start Date	Type of Contract	Total Value	Completion Date
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23. Does the firm operate under standard forms of engagement? YES NO

24. Does the Firm subcontract any of its business? YES NO

If yes, do you insist that the subcontracted firm is separately Insured and ensure that they have adequate professional indemnity cover? YES NO

25. Do you anticipate any major changes to the structure of the Practice of type of work ordinarily undertaken by it over the forthcoming 12 months? YES NO
If Yes, please provide details.

26. Is the Firm involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of any products, other than in a pure consultancy capacity as described above? YES NO
If yes , please provide details.

27. Has any application for insurance of this nature (made on behalf of the Firm or their predecessors in business or by any of the present partners) ever been declined, cancelled, or has renewal been refused or have special terms been imposed? YES NO

28. Give details of present insurance:-

Amount of Indemnity

Date of Expiry

The Insurers

The First Amount Payable

29. Are you aware, after enquiry, of any incidents that may give rise to a claim under the professional indemnity policy? YES NO
If yes, please provide a full disclosure of the circumstances and potential costs of settlement.

30. Please give details of any claims settlements arising from any breach of duty, whether insured or not:-

31. Fee Income:-

Date of Financial Year End:

Please state the total Gross Fee Income (Incl. Vat) for the previous 3 financial years:-

	2012	2013	2014
Total			
Sub Contract			
Single Project			
Nett.To Practice			

Estimated Fee Income for Current and Forthcoming Financial Year

	2015	2016
Total		
Sub Contract		
Single Project		
Nett to Practice		

32. Quotations Required:-

Limit of Indemnity

Deductible / Excess

33. Retroactive Date Required :

DECLARATION

I/ we hereby declare that the statements and particulars in this application are true and complete and that at the present time, other than stated above, I/we have no reason to anticipate any claim being brought against me / us, that might constitute a claim under the insurance now being requested. I / we agree that this Proposal and Declaration be the basis of the contract between me/us and the Insurers.

Date

Signature of Principal / Partner / Director

Name of Signatory (Please Print)