



PROFESSIONAL INDEMNITY Built Environment Proposal Form

IMPORTANT NOTICE

- Answer all questions, leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered, it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

1 | General Information

Details of entities to be insured (the "Proposer"):

Proposer's name:

.....

ID number (if Sole Trader):

.....

Head Office (Physical Address):

.....

Postal Code:

.....

Subsidiaries/Any other branches:

.....

Postal Code:

.....

Company Reg No.:

VAT No.:

.....

Professional Association(s):

.....

Date Company Established / Services Commenced:

/ /

(If commenced within the past 24 months – Please attach CV of key personnel/ Directors/ Principals)

.....

Company Legal Constitution:

Partnership / Private Company / Public Company / Close Corporation /
Non-profit Organisation / Government / Sole Proprietor

.....

Website:

.....

AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW
Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.
33 Glenhove Road, Melrose Estate, 2196. Telephone: 011 778 9140, E-mail: camargue@camargueum.co.za, Website: www.camargueum.co.za.

UNDERWRITTEN BY THE LICENSED INSURERS:

Certain underwriters at Lloyd's

Bryte Insurance Company Limited
A Fairfax Company
Co. Reg. No. 1965/006764/06
FSP (17703)

Compass Insurance Company Limited
Co. Reg. No. 1994/003010/06
FSP (12148)

2 | Insurance History

1. Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed?

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

If YES, please state: Insurers:

| | |
|-----------------------------|---|
| Limit of Indemnity: | R |
| Excess: | R |
| Premium: | R |
| Date of expiry of coverage: | |
| Retroactive date:* | |

*Should the Proposer wish to include their retro active cover under this insurance, please provide the expiring policy schedule and policy wording.

2. For the type of Insurance now being proposed, has any Insurer ever:

| | | | | |
|---|-----|--|----|--|
| (a) Required an increased premium or imposed special terms? | YES | | NO | |
| (b) Refused to accept or renew any insurance for the body corporate | YES | | NO | |
| (c) Cancelled the insurance? | YES | | NO | |

If YES to any of the above 3 questions, please provide full details:

3 | Required Cover

1. State the LIMIT OF INDEMNITY and EXCESS required:

| | Option 1: | Option 2: | Option 3: |
|---------|-----------|-----------|-----------|
| Limit: | R | R | R |
| Excess: | R | R | R |

2. Do you require backdated retro-active cover?

| | |
|-----|--|
| YES | |
|-----|--|

| | |
|----|--|
| NO | |
|----|--|

If YES, please advise how many years backdated cover is required:

| | |
|--------|--|
| 1 Year | |
|--------|--|

| | |
|---------|--|
| 2 Years | |
|---------|--|

2. Is any work put out to sub-contractors?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

if YES, please state:

List all activities / work sub-contracted out

4 | Previous Losses/Existing Circumstances

1. Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

(a) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(b) Cause any loss to the Proposer, any predecessor or any past or present Principal?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

(c) Otherwise affect the consideration of this proposal for insurance?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

if YES, please provide full details:

2. In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If YES, please identify details (including loss date, amount claimed and a brief description):

3. What steps have been taken to prevent a recurrence?

5 | Additional Information

1. Please provide details of all current Principals including qualifications:

| Name in full of all Principals/ Directors/ Partners | Qualifications: | Date qualified: | How many years full-time practical industry experience? |
|--|-----------------|-----------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

6 | Staff Compliment

1. Please state total numbers of staff members:

| | |
|--|--|
| Partners / Principals / Directors | |
| Qualified Staff (Excluding principals) | |
| Draughtsmen | |
| Trained staff | |
| All other | |
| Total | |
| Other (eg. contractors, etc): | |

7 | Activities

1. Please provide a full description of all of your activities:
NOTE: (Please provide a brochure / company profile, if available)

8 | Financial Information

1. (a) State for the whole Proposer's Gross Income/ Revenue:

| | Last Year: | Current Year Estimate: | Forthcoming financial year: |
|--------------------------------|------------|------------------------|-----------------------------|
| Year end: | / / | / / | / / |
| Home: | R | R | R |
| Overseas (excl. USA & Canada): | R | R | R |
| USA & Canada: | R | R | R |

(b) Split of Gross Fees in the last complete financial year:

| | |
|---|-------------|
| Civil Engineering Consultancy | % |
| Structural Engineering Consultancy | % |
| Soil & Foundation Consultancy | % |
| Mechanical Engineering Consultancy | % |
| Electrical Engineering Consultancy | % |
| Heating & Ventilating Engineering Consultancy | % |
| Architectural Consultancy | % |
| Town Planning / Quantity Surveying | % |
| Structural Surveys | % |
| Aerial Surveyors | % |
| Setting Out Engineering | % |
| Valuations on Existing Property | % |
| Environmental Consultants (Excluding any clean-up work) | % |
| Quantity Surveying | % |
| Land Surveying | % |
| Building Surveying | % |
| Area Surveying | % |
| Commercial property / land management | % |
| Project Management | % |
| Architectural | % |
| Town Planning | % |
| Interior Design | % |
| Other work (please give details) | % |
| Total | 100% |

(c) Type of work undertaken:

| | |
|---|-------------|
| Design: | % |
| Construction Management / Project Management: | % |
| Construction: | % |
| Fee from other relateable professional services (please specify): | % |
| Total: | 100% |

2. Do you anticipate any major changes on these activities in the forthcoming 12 months?

| | | | |
|------------|--|-----------|--|
| YES | | NO | |
|------------|--|-----------|--|

if YES, please provide full details:

UNDERWRITTEN BY THE LICENSED INSURERS:

3. Does the Proposer/s engage in any of the following types of Work?

If YES, please state what percentage of gross fees in the last complete year derived from each type:

| | YES: | NO: | % |
|--|------|-----|------|
| Bridges/Flyovers/Tunnels | | | % |
| Roads Paving and Associated Drainage | | | % |
| Upgrade and Operations of Weighbridges | | | % |
| Water, Storm Water Drainage and Wastewater | | | % |
| Sewarage Treatment | | | % |
| Hydraulic (Water) Engineering and Transportation engineering | | | % |
| Recycling | | | % |
| Stadiums | | | % |
| Dams | | | % |
| Golf Courses | | | % |
| Harbours/Jetties/Sea Defences | | | % |
| Mining Industry | | | % |
| Bulk Handling Equipment / Hoppers / Silos | | | % |
| Other Mechanical Plant / Equipment | | | % |
| Fertiliser / Ammonia / Urea Plants | | | % |
| Chemicals / Petro-Chemicals / Chemical or Oil / Gas Refineries | | | % |
| Nuclear / Atomic Projects | | | % |
| Hospitals / Universities / Schools / Municipal Buildings | | | % |
| Government Departments / Parastatals | | | % |
| Local Authorities | | | % |
| Shopping Malls / Complexes | | | % |
| Factories / Industrial Systems Building | | | % |
| Housing | | | % |
| Restoration Work | | | % |
| Housing schemes | | | % |
| Individual Housing | | | % |
| Reinforced/ Prestressed Concrete | | | % |
| Soil Testing / Foundations / Piles / Inderpinnig / Geotech | | | % |
| Other (Please specify) | | | % |
| Total 100% | | | 100% |

4. (a) Please give details of the 5 largest contracts where construction has commenced during the past 5 years:

| Start Date: | Description: | Total Contract Value: | Extent of Service: | Approx. Completion Date: |
|-------------|--------------|-----------------------|--------------------|--------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

(b) Please give details of 3 largest contracts where construction is expected to commence in the next 12 months:

| Start Date: | Description: | Total Contract Value: | Extent of Service: | Approx. Completion Date: |
|-------------|--------------|-----------------------|--------------------|--------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

5. Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If YES, please give full details (including names of the other parties) special arrangement must be made to cover this type of work:

9 | Risk Management

1. Do you use a standard form of contract, agreement or letter of appointment?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If YES, please attach a copy.

2. Do you limit your liability under contract?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

3. (a) Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If YES, please give full details (including names of the other parties) special arrangement must be made to cover this type of work.

(b) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

4. Do you limit the time in which you can be held liable?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

5. Do you have a person dedicated to risk management of the company?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If YES, please specify.

6. Do you have any risk management procedures in place to avoid claims?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If YES, please specify/attach.

7. Do you have a System to avoid conflict of interest?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

8. Does the practice have any form of quality management in place?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

If YES, please specify/attach.



PROFESSIONAL INDEMNITY Built Environment Proposal Form

Declaration:

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

Privacy Statement

I/We consent to Camargue Underwriting Managers processing my/our personal information as per the Privacy Statement which may be accessed here <https://www.camargueum.co.za/legal>.

.....

Name:

.....

Signature

.....

Date: DD/MM/YYYY

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