

## ENGINEERS PROFESSIONAL INDEMNITY PROPOSAL FORM

NB: Kindly ensure that all questions are answered as required. Kindly also ensure that the Declaration is signed and dated accordingly.

### BUSINESS/ PRACTICE DETAILS

Name of Insured / Practice			
Name of contact person			
	Email	Tel No	
	Cell No	Fax No	
VAT Registration Number			
ECSA Membership Number			

### ADDRESS OF PRACTICE

	PHYSICAL ADDRESS	POSTAL ADDRESS
Principal Office		
Subsidiary Offices		

### NAMES AND QUALIFICATIONS OF PRINCIPALS

i)	In the case of Partnerships - Partners		
ii)	In the case of Incorporated Companies - Directors		
iii)	In the case of Limited Companies - Professionally qualified Directors and Employees		
iv)	In the case of Close Corporations – Members		
Name	Qualifications	Date Qualified	How long a Principal in this Practice

### STAFF COMPLIMENT (TOTAL NUMBER OF)

Partners/ Principals/ Directors		Qualified Staff	
Draughtsmen		Trainee Staff	
Other Technical Staff		All other staff	
<b>Total Compliment</b>			

INCOME					
Financial year end					
Please provide your audited or equivalent figures as at your last two financial year ends.					
	Period from	Period to	Gross Income Earned (SA Projects)	Gross Income Earned (Africa Projects)	Total Gross Income Earned (All Projects)
Previous Financial Year					
Last Financial Year					
Estimate for Current Financial Year					
Kindly provide a list of the Countries where the income was earned outside of SA.					

DISCIPLINE IN WHICH ENGAGED		
In the case of multi-disciplinary practices please show the percentage of total fees attributable to each profession		
Civil		%
Structural		%
Electrical		%
Mechanical		%
Mining		%
Enviromental		%
Geotechnical		%
Chemical		%
Process		%
Acoustics		%
Electronic		%
Project Management		%
Other: Please specify		%
Other: Please specify		%
Other: Please specify		%
Other: Please specify		%
<b>TOTAL</b>		<b>100 %</b>

PROFESSIONAL / BUSINESS RELATIONSHIPS	
Does the Practice or any Partner / Principal / Director have any association with or financial interest in any other Practice / Company / Organisation?	Yes No
Does the practice or any Partner / Principal / Director engage with/have a financial interest in/have an association with, any other practice or person in a Single Project Partnership?	Yes No
Is the Practice or any Partner / Principal / Director a member of a Consortium or Group Practice?	Yes No
If YES; please provide full details.	
The Company's standard policy does not cover any liability that may flow from collaboration in a Consortium or Single Project Partnership, and notice must be given of any such association that may be entered into during the Insurance contract period.	

## CLAIMS

Disclose all claims made against the proposed Insured / Partners / Directors / Members or Employees in the past 3 years, whether notified to your Insurer or not.			
Are any of the Proposed Insured / Partners / Directors / Members or Employees, AFTER ENQUIRY, aware of any circumstances which would be covered under a policy of this type that may result in any claims or a possible claim being made against them?			
			Yes    No
If YES; please give full details (attach page to the back if necessary).			
Are you Insured at present?			
			Yes    No
If YES; please state:	Current Indemnity Limit	R	
	Excess	R	each and every claim.
	Current Insurers		
	Renewal date		
In respect of this Proposal	Indemnity Limit required (Minimum R1 000 000)		R
If you are not Insured through PIFRS at present, please answer the following questions.	Declined Proposal or renewal for this Practice or any Partner / Principal?		Yes    No
	Required an increased premium or imposed special terms?		Yes    No
Has any Insurer ever:	Cancelled an Insurance Contract?		Yes    No
If Yes, please provide full details.			

## DECLARATION

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete at the present time. I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Date: \_\_\_\_\_ Signature of Principal/ Partner/ Director \_\_\_\_\_

Kindly email proposal form to [info@pifrs.co.za](mailto:info@pifrs.co.za) or fax to (011) 706 4959.

PIFRS is a division of firstEquity Risk Management Services (Pty) Ltd, an Authorised Financial Services Provider.  
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