



PI Financial Risk Services (Pty) Ltd,

Telephone: 011 510 1300

Block A, Hobart Square Office Park, 23 Hobart Road,

Bryanston, Gauteng, 2191

Contact Taisa Bezuidenhout or Chris Pearson or email address below.

PO Box 71431, Bryanston. 2021

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			
SAICE & ECSA Member/Reg Number/s	SAICE:..... ECSA:.....or see below "Names/Qualifications"		

ADDRESS OF PRACTICE		
	PHYSICAL ADDRESS	POSTAL ADDRESS
Principal Office		
Subsidiary Offices		

NAMES AND QUALIFICATIONS OF PRINCIPALS – Provide a separate schedule page if insufficient space			
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	1.SAICE Member No. 2.Other Assoc (specify) Member No.	ECSA Reg.No.

STAFF COMPLEMENT (TOTAL NUMBER OF)			
Partners/ Principals/ Directors		Qualified Staff	
Draughtsmen		Trainee Staff	
Other Technical Staff		All other staff	
Total Compliment			

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	Specify if involving Harbours, Dams, Bridges and Tunnels (over 100m)	%
Structural	Specify if involving Harbours, Dams, Bridges and Tunnels (over 100m)	%
Electrical		%
Mechanical		%
Mining	Specify if Underground or Opencast	%
Environmental		%
Geotechnical		%
Chemical		%
Process		%
Acoustics		%
Electronic		%
Project Management		%
Other: Please specify		%
Other: Please specify		%
Other: Please specify		%
Other: Please specify		%
TOTAL		100 %

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 attach a copy of your policy Schedule so we can pick up the Retroactive date, OR		
If YES; please state:	Current Indemnity Limit	R	
	Excess	R	each and every claim.
	Current Insurers		
	Renewal date	Is Retroactive cover required: Yes/No. Number of years:	
In respect of this Proposal	Indemnity Limit required (Minimum R1 000 000)NB we can quote on various Limits	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

This form and the information contained herein forms the basis on which Insurers agree to indemnify you. Please make sure all information supplied by you is accurate and correctly represents your Business and the Professional Services you provide.

Please also take some time to read the additional information and explanations provided below.

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 the proposal form to taisab@pifrs.co.za or pearson@pifrs.co.za or both.

PIFRS is a subsidiary of firstEquity Risk Management Services (Pty) Ltd, an Authorised Financial Services Provider. FSP 25937. (New FSP pending) Company Registration Number 2008/026574/07.

Additional information and explanations:-

- i. At least 50% of Partners (by number) must be Members of SAICE if applying as a Firm.
- ii. Is Retroactive cover required? Retroactive cover is indemnity for actual or alleged negligent acts that occurred before this PI policy incepts. NB If this policy replaces another PI policy that is expiring then the Retroactive cover applies automatically back to the same date as the expiring policy at no additional premium. Retroactive cover will not however apply to any known circumstances or negligent acts.

- iii. If Membership of SAICE ceases then the cover under the policy will continue until the next expiry date/renewal date at which stage a new application must be submitted for coverage after that date.
- iv. Public Liability cover is included up to the Limit of PI cover you select. If you require a higher Limit please advise what Limit you require.
- v. This is a "Claims Made" policy wording. In other words the policy must actually be in force when a claim is made against you or the actual or alleged negligent act occurred. If the policy lapses there is no further cover. You may purchase "run-off" cover in such circumstances at an additional premium to be decided by Insurers. You may also purchase Retroactive cover as described in (ii) above.
- vi. The policy will only cover claims arising from the Professional Services you declare in the Proposal Form. If you provide any additional services, eg; QS services, Financial services, Full Project Management, Legal services, they must be declared if you want these services to be covered.
- vii. The policy will cover YOU/YOUR FIRM if you work in a Consortium or Joint Venture but only to the extent of your interest in the Consortium or Joint Venture and will only cover claims arising out of your services and not the services of other Members of the Consortium or Joint Venture.