



PIFRS
PI Financial Risk Services

firstEquity

Risk Management Services (Pty) Limited
Advisory and Broking Services

MISCELLANEOUS PROFESSIONAL INDEMNITY INSURANCE 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						
Practice/ Business/ Insured Name						
Are you or your firm a member of any professional associations, institutes or regulatory bodies					Yes No	
If yes please provide details:	Name of body		membership no:			
	Name of body		membership no:			
	Name of body		membership no:			
VAT Registration Number						
Physical Address					Code	
Postal Address					Code	
Contact Details		Tel No		Fax No		
Location of Branch Offices:						
Contact Person		Email		Tel No		
		Cell No				
Date of Commencement of Practice		a) As currently constituted –				
		b) As initially established –				
Names and qualifications of Principals, Partners or Directors						
Name	Qualifications			Date Qualified		
Staff complement (total number of):						
Partners/ Principals/ Directors				Qualified Staff		
Other Staff (ex. Admin)				Administrative Staff (Typists)		
Contract Hired Staff				Total Complement		
Date of Financial Year End						
Please provide your Gross Income Earned as at your last three financial year ends.						
	PERIOD FROM	PERIOD TO	SA WORK ONLY	AFRICA PROJECTS	OTHER COUNTRIES	
PREVIOUS						
PAST						
CURRENT						
ESTIMATED						
Kindly provide a list of countries for the income earned outside of South Africa						

Total Gross Fee income				
Please list the activities the Practice is involved in and kindly reflect the percentage of the Total Gross Fee Income earned in respect of these activities	Percentage of gross fee income earned			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
Does the Practice or any Partner/ Principal/ Director have any association with or financial interest in any other Practice/ Company or 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 to any of the above, kindly provide details				
Have any claims of professional negligence, error or omission ever been made against the Practice or any of the present or past Principals, whether notified to Insurers or not within the past 10 years?	Yes No			
If YES to any of the above, kindly provide details (attach page if needed)				
After having consulted with all of the Principals and Employees of the Practice, are you aware of any circumstances that may give rise to a claim for professional negligence, error or omissions?	Yes No			
If YES to any of the above, kindly provide details (attach page if needed)				
Has this practice been previously insured for Professional Indemnity?	Yes No			
If YES to any of the above, kindly provide details	Name of Insurers		Indemnity Limit	
	Expiry Date		Excess/ Deductible	
Kindly advise the Limit of Indemnity you require:				
Has any Insurer ever	a) Declined proposal or renewal for this Practice or any Partner/ Principal?			Yes No
	b) Required an increased premium or imposed special terms?			Yes No
	c) Cancelled an Insurance Contract?			Yes No

DECLARATION

I/ We hereby declare that the statements and particulars in this application are true and complete. 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 _____

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