



PIFRS
PI Financial Risk Services

PROJECT MANAGERS 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.

DETAILS OF INSURED			
Name of Insured / Practice:			
SACPMP Registration No:			
Name of contact person	Tel. No.:		Fax. No.:
	E-Mail address:		Cell No.:
	Location of Branch Offices:		
VAT Registration Number			

ADDRESS OF PRACTICE		
	PHYSICAL ADDRESS	POSTAL ADDRESS
Principal Office		
Subsidiary Office		

NAMES AND QUALIFICATIONS OF PRINCIPALS			
Name	Qualifications	Date Qualified	How long a Principal in this Practice

NAMES AND QUALIFICATIONS OF PROFESSIONAL STAFF NOT MENTIONED ABOVE			
Name	Qualifications	Date Qualified	How long employed in the practice

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)	Gross Income Earned (other countries)
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.					
Please provide an approximate split of your turnover					
Buildings (excluding associated civils)					%
Piling for building					%
Piling for structures other than for buildings					%
Other foundation work for buildings					%
Other foundation work not for buildings					%
Air-conditioning/commercial refrigeration					%
Heating/boilers/pressure vessels					%
Water reticulation					%
Sewerage reticulation					%
Electrical reticulation					%
Bridges/culverts					%
Shaft sinking tunnelling					%
Off-shore work					%
Cooling towers/silos					%
Conveying, crushing, screening & milling plants					%
Solvent extraction and leaching equipment					%
Hydrocarbon and petrochemical process plant					%
Other (please specify)					%
Total %					100%
If full Project Management undertaken, please complete the following (If the SAACE Model Form IV is used, please submit a copy of Appendices A to E & Annexure 1)					
Possibility studies (general):	Yes	No	Road routing design and feasibility	Yes	No
Cost estimates	Yes	No	Cash flow forecasts	Yes	No
Geotechnical services	Yes	No	Design criteria	Yes	No
Working drawings	Yes	No	Flowsheets	Yes	No
Drafting of contract conditions	Yes	No	Quantity estimates:	Yes	No
Instructions to tenderers	Yes	No	Tender adjudication recommendation	Yes	No
Approval of detailed design	Yes	No	Co-ordination	Yes	No
Expediting	Yes	No	Quality control /assurance	Yes	No
Arranging site Insurances	Yes	No	Supervision of Installation/construction	Yes	No
Measurement	Yes	No	Authorisation of progress payments	Yes	No
Administration of retention fund	Yes	No	Supervision of commissioning	Yes	No
Certifying practical completion	Yes	No	Certifying final completion	Yes	No
Issuing variation orders	Yes	No	Setting contractual claims	Yes	No
Certifying final payment	Yes	No	Clearing forwarding and customs clearance duties	Yes	No
Others (please specify):	Yes	No			

PROFESSIONAL / BUSINESS RELATIONSHIPS		
a) Does the Practice or any Partner / Principal / Director have any association with or financial interest in any other Practice / Company / Organisation?	Yes	No
b) 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
c) 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 Insureds / 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 (Rand)	Excess applicable to each and every claim (Rand)	
Current Insurers	Renewal date	
In respect of this Proposal		
Indemnity Limit required (Minimum R1 000 000)		
If you are not Insured through PIFRS at present, please answer the following questions. Has any Insurer ever:		
Declined Proposal or renewal for this Practice or any Partner / Principal?	Yes	No
Required an increased premium or imposed special terms?	Yes	No
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 proposer: _____

Kindly e-mail proposal form to info@pifrs.co.za