

ARCHITECTS 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				
SACAP Registration no:				
Are you a member of SAIA	Yes	No	If yes please provide SAIA membership no:	
Are you a member of a regional association	Yes	No	if yes please provide membership no:	
VAT Registration Number				
Physical Address				Code
Postal Address				Code
	Tel No		Fax No	
Location of Branch Offices:				
Contact Person	E-mail		Tel No	
	Cell No			
Date of Commencement of Practice	As currently constituted –			
	As initially established –			
Names and qualifications of Principals, Partners or Directors				
Name	Qualifications		Date Qualified	
Staff complement (total number of)				
Partners/ Principals/ Directors			Architects (Qualified)	
Senior Technologists (Qualified)			Technologists (Qualified)	
Draftsmen (Qualified)			Candidate Staff	
All Other Staff			Total Compliment	

Kindly reflect the Percentage of Total Gross Fee Income earned in respect of the discipline/s in which the Business/ Practice is engaged in.					
Architecture					%
Project Management (Kindly complete Annexure A below)					%
Other Activities (please specify)					%
"ANNEXURE A"					
Please give the approximate percentage applicable to Project Management as a percentage of the total work that you have carried out during the past 12 months. Please note that all questions must be answered and should total 100%.					
Feasibility Studies, Reports, Surveys, etc (where applicant is involved in actual design work)					%
Bridges and/or Tunnels					%
Dams					%
Mines					%
Harbours or Jetties					%
Sewerage Schemes					%
Foundations and Underpinning					%
Soil Testing					%
Water Schemes					%
Nuclear or Atomic Projects					%
Heating Ventilating and Air Conditioning					%
Chemical, Petro-chemicals and Refineries					%
Housing Schemes					%
Buildings					%
Schools, Hospitals and Municipal Buildings					%
Industrial Systems Buildings					%
Mechanical Plant and Bulk Handling Equipment (including silos etc)					%
Other work including any specialist activities not shown above*					%
* (Please Specify)					
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					
Has this Practice or any Partner/ Principal/ Director or Employee been appointed as Principal Agent?					Yes No
Has this Practice or any Partner/ Principal/ Director or Employee been appointed as Project Manager?					Yes No
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 to any of the above, kindly provide details			
Disclose all claims of professional negligence, errors or omissions made against the Practice or any of the present or past Partners/ Principals/ Directors and/or Employees, whether notified to Insurers or not within the past 3 years. (Attach page if needed)			
After consultation with all of the Partners/Principals/ Directors and Employees of the Practice, are you aware of any circumstances that may give rise to a claim for professional negligence, errors or omissions?		Yes	No
If YES, provide details. (Attach page if needed)			
Has this practice been previously insured for Professional Indemnity?		Yes	No
If "YES" please state	Name of Insurers		Indemnity Limit
	Expiry Date		Excess/ Deductible
Kindly advise the Limit of Indemnity you require:			
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 state			

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.

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