



**PIFRS**  
PI Financial Risk Services

**firstEquity**

Risk Management Services (Pty) Limited  
Advisory and Broking Services

## QUANTITY SURVEYORS 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:			
SACQPS Registration No:			
Are you a member of ASAQS	Yes No	If YES, ASAQS Registration No:	
Vat Registration No.:			
Physical Address:		Code:	
Postal Address:		Code:	
Tel. No.:		Fax. No.:	
Location of Branch Offices:			
Contact Person:		Email:	
Direct Tel. No.:		Cell No.:	

Names and Qualifications of Principals, Partners or Directors			
Name	Qualifications	Date Qualified	PrQS member
			Yes No
			Yes No
			Yes No
			Yes No

Staff Complement (Total Number of):			
Partners/ Principals/ Directors		Qualified Staff	Draughtsman
Trainee Staff		Other Technical Staff	All Other Staff
<b>Total Complement</b>			

Kindly reflect the percentage of Total Gross Fee Income earned in respect of the discipline/s in which the Business/ Practice is engaged in. Total Percentage must add up to 100%.	
Quantity Surveying	%
Project Management (Kindly complete Annexure A below)	%
Other Activities	%
Please specify other activities	

**"ANNEXURE A"**

a) Feasibility Studies, Reports, Surveys, etc (where applicant is involved in actual design work)	%
b) Bridges and/or Tunnels	%
c) Dams	%
d) Mines	%
e) Harbours or Jetties	%
f) Sewerage Schemes	%
g) Foundations and Underpinning	%
h) Soil Testing	%
i) Water Schemes	%
j) Nuclear or Atomic Projects	%
k) Heating Ventilating and Air Conditioning	%
l) Chemical, Petro-chemicals and Refineries	%
m) Housing Schemes	%
n) Buildings	%
o) Schools, Hospitals and Municipal Buildings	%
p) Industrial Systems Buildings	%
q) Mechanical Plant and Bulk Handling Equipment (including silos etc)	%
r) Other work including any specialist activities not shown above*	%
* (please Specify)	

Date of Financial Year End:					
Please provide your audited or equivalent figures as at your last three financial year ends.					
	<b>PERIOD FROM</b>	<b>PERIOD TO</b>	<b>SA WORK ONLY</b>	<b>AFRICA PROJECTS</b>	<b>OTHER COUNTRIES</b>
<b>PREVIOUS</b>					
<b>PAST</b>					
<b>CURRENT</b>					
<b>ESTIMATED</b>					
Kindly provide a list of countries for the income earned outside of the South Africa					
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 for any of the above, please give details.					
Disclose all claims of professional negligence, errors or omissions made against the Practice or any of the present or past Principals Partners/ Directors/ Employees, whether notified to Insurers or not within the past 3 years. (Attach separate page if needed).					

After having consulted with all of the Principals/ Partners/ 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 full details. (Attached separate 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, provide full details. (Attached separate page if needed).			

### 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](mailto:info@pifrs.co.za)

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