

---

## Professional Indemnity Insurance Proposal Form

for

## Members of the Institute of Information Technology Professionals (IITPSA)

---

**For Assistance or Advice Contact: Pravashnie Pillay on 011 510 1300 or email PravashnieP@pifrs.co.za**

### CAUTIONARY NOTE

Please answer all questions FULLY. Failure to answer all applicable questions accurately could result in a claim being repudiated due to a non-disclosure of material information.

This is a "Claims Made Policy"

The policy will only respond to claims and/or circumstances, which are first made against the Insured and notified to the Insurer during the policy period. **The policy will not provide cover for:-**

- Events that occurred prior to the retroactive date of the policy.
- Claims made after the expiry of the policy period even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period, which you knew had the potential to give rise to a claim under the policy.

### DISCLOSURE

You must disclose to the Insurer all information which is material to it in deciding whether to issue insurance cover to you, including any facts or conduct which might lead to a claim being made against you. Failing to do so could affect your rights to indemnity.

If you do not understand any part of this document, please contact your PIFRS BEFORE YOU SIGN IT. You will be bound by the answers, which are given, and by the information provided by you in this proposal form. It is in your interest to make sure that all information is correct and properly understood.

When in doubt disclose.

**PIFRS is a division and juristic representative of firstEquity Risk Management Services (Pty) Ltd**

**firstEquity is an authorised Financial Services Providers**

**PI Financial Risk Services (Pty) Ltd | Directors:** S Casserly | V Govender | JCS Pearson (CEO), | **Reg No:** 2008/026574/07 | **Physical Address:** First Floor, Block A, Hobart Square Office Park, 23 Hobart Rd, Bryanston, 2191 | **Postal Address:** PO Box 71431 Bryanston, 2021, Gauteng, South Africa | **Telephone:** 08611 74377 (08611 PIFRS) |

1. Name of Proposer/Member / Practice.....

2. Main Office Physical Address .....

.....

.....

Telephone .....Email.....

Website .....

Postal Address .....

.....

.....

Location of Branch Offices .....

.....

Are you a Member of the IITPSA\* YES:  NO:

Please attach scanned copy of card or Number.....

\* Categories of Membership eligible for this Insurance:-

- Fellow Member
- Full Member
- Associate Member
- Professional Member

3. Company Registration No. ....

Company VAT No. ....

Principal / Partner / Director in Charge .....

4. Details of All Principals / Partners / Directors. If you are a Firm or Company please list all Members

Use separate page if space is insufficient

Name	Qualifications	Date Qualified	How Long as Principal

5. Present Legal Constitution

Sole Practitioner ..... Incorporated Company ..... Closed Corporation .....

Partnership ..... Limited Company .....

6. Date of Commencement of Business .....
- As initially established .....
- As currently constituted .....
- Previous Names of Firm (if applicable) .....
7. Staffing. Please state the number of:-
- Partners / Directors ..... Qualified Assistants ..... Other Staff (non admin) .....
- Admin ..... Contracted Technical .....
8. If a Sole Practitioner / Director or Principal, please indicate whether this is a part-time occupation : YES/NO
9. During the past three years has the name of the business changed YES/NO
- If YES, please provide previous names .....
- .....
10. Has any business been acquired or any mergers taken place. YES/NO
- If YES, please provide details
11. Is the firm or any Principal / Director / Partner thereof connected or associated financially or otherwise with any other firm or organization for whom work may be undertaken. YES/NO
- If YES, please supply full particulars .....
- .....
12. Description of Business .....
- .....
13. Does the Firm undertake any work outside South Africa? YES/NO
- If so give full details .....
14. Does the firm operate under standard forms of engagements? YES/NO
15. Does the Firm subcontract any of its business? YES/NO
- If YES, do you insist that the subcontracted firm is separately Insured and ensure that they have adequate professional indemnity cover? YES/NO
16. Has any application for insurance of this nature (made on behalf of the Firm or their predecessors in business or by any of the present partners) ever been declined, cancelled, or has renewal been refused or have special terms been imposed? YES/NO
17. Does the firm's contracts contain an exclusion for all consequential or indirect losses? YES/NO
18. Are clients required to sign off on pilot tests prior to regular production or implementation of systems? YES/NO

19. Give details of present insurance:-

Amount of Indemnity .....

Date of Expiry .....

The Insurers .....

The First Amount Payable .....

20. Are you aware, after enquiry, of any incidents that may give rise to a claim on this professional indemnity policy? YES/NO

If YES, please provide a full disclosure of circumstances and potential costs of settlement. ....

21. Please give details of any claims settlements arising from any breach of duty, whether insured or not in the last 5 years: - .....

22. Fee Income:-

Date of Financial Year End: .....

Please state the total Gross Fee Income (Excluding Vat) for the previous 2 financial years:-

	Immediate Past Financial Year
Total	

Estimated Fee Income for Current and Forthcoming Financial Year

	Current Financial Year	Future Financial Year
Total		

23. Please give the approximate percentage derived from the income above for each of the activities listed below

ACTIVITY	% OF INCOME / FEES
Bespoke Software	%
Customisable Software	%
Data Processing	%
Facilities Management	%
General IT Advice	%
Hardware Sale / Supply	%
Hardware Installation	%
Hardware Maintenance	%
Packaged Software	%
Procurement	%
Project Management	%
Software Sale / Supply	%
Software Installation	%
Software Maintenance	%
Strategic Planning	%
Systems Analysis	%
Systems Audit	%
Training	%

Trouble Shooting	%
Other – Please supply detail	%
<b>TOTAL</b>	<b>100%</b>

24. Indicate the end user applications for your services

Accounting	%
Administrative	%
Architectural	%
Communications	%
Database Management	%
Educational	%
Engineering	%
Financial (Non-Funds Transfer)	%
Funds Transfer	%
Imaging	%
Inventory Control	%
LAN / Network Management	%
Manufacturing Control Process	%
Medical Management	%
Scientific / Mathematical	%
Security (Firewall etc.)	%
Other – Please supply detail	%
<b>TOTAL</b>	<b>100%</b>

25. Indicate the market/s for your services

Aerospace	%
Agriculture	%
Communications	%
Constructions	%
Education	%
Financial Institutions	%
Government	%
Home Use	%
Industrial	%
Manufacturing	%
Medical / Healthcare	%
Mining	%
Trade: Retail / Wholesale	%
Transport	%
Other – Please supply detail	%

26. Quotations Required:-

Limit of Indemnity: We quote automatically on options from R2million up to R10million. If a higher Limit is required please fill this in and we will contact you.

Deductible / Excess: Minimum R 10 000
---------------------------------------


27. Retroactive Date Required:

What is this? This provides you with cover for services provided in the past before you effected this cover. If you are currently insured your retroactive date will be the same as your current policy. Your previous policy will respond to claims for past services provided they have been notified to Insurers.

28. Do you require General Public Liability cover? .....

29. If YES, what Limit of Indemnity? .....(Normally it is the same Limit as the PI)

**DECLARATION**

I/We hereby declare that the statements and particulars in this application are true and complete and that at the present time, other than stated above, I/we have no reason to anticipate any claim being brought against me/us, that might constitute a claim under the insurance now being requested. 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

\_\_\_\_\_  
Name of Signatory (Please Print)

**Signature of this Proposal does not bind the Proposer / Insurer to complete the Insurance.**