



PROFESSIONAL INDEMNITY PROPOSAL FORM

FOR CONSULTING ENGINEERS, QUANTITY & LAND SURVEYORS

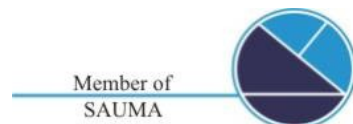
This Proposal Form, together with the information provided, has been compiled in such a manner as to provide the Underwriters with as much information as possible with regard to the evaluation of the insurance requirements of the Proposer as named herein. Completion of the Form does not bind the Proposer or the Underwriters to complete the insurance transaction.

To assist Underwriters in accurately assessing liability for rating purposes, The Proposer is requested to answer all questions. Should there be insufficient space provided herein, please provide balance of information on additional pages.

All Questions must be answered and this Proposal signed, dated and initialled on all pages

Tradeforth 6 (Pty) Ltd trading as Abelard Underwriting Agency
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Directors: D J C Cox (Managing), C E Diederiks, C P Norrington (British)

F.A.I.S Compliance Details
FSP Licence Number: 28
Compliance Practice: Intelligent Compliance and Education (Pty) Limited
FSB Practice No. 554
Compliance Officer: Peter Veal



1. Full Name of the Proposer: _____
 (to be Insured) _____

Present Legal Constitution (Tick the appropriate box below)

Sole Practitioner Partnership Incorporated Company Limited Company Close Corporation

2. Names of other parties to be included:

Name	Equity Interest of Main Proposer	Reason for inclusion (eg. Subsidiary / Management Control / Joint Venture Partner)

3. Head Office Contact Person & Numbers: Person _____
 Tel No. () _____
 Fax No. () _____
 Web Site Address _____

4. Head Office Principal Physical Address: _____

5. Head Office Principal Postal Address: _____

6. Business Description: _____

7. Please provide the Company: Registration Number _____
 Vat Number _____

8. Date Of Commencement of Practice: As currently constituted _____
 As initially established _____

9. a) Does the Practice or any Partner / Principal / Director have any association with or financial interest in any other Practice / Company / Organisation? Yes No

If yes, please give full details with relevant dates _____

b) Is the practice of any Partner / Principal / Director engaged with any other practice or person in a Single Project Partnership? Yes No

If yes, please give full details with relevant dates _____

10. Is the Practice or any Partner / Principal / Director a member of a Consortium or Group Practice?

11. Names & Qualifications of Principals:

- a) In the case of Partnerships – Partners
- b) In the case of Incorporated Companies – Directors
- c) In the case of Limited Companies – Professionally qualified Directors & Employees
- d) In the case of Close Corporations - Members

Name	Qualifications	Date Qualified	How Long Principal In This Practise

12. Have any claims ever been made against the proposed Insured / Partners / Directors / Members or Employees for the type of cover for which you are now applying? Yes No

If YES, please give details:

13. Discipline in which engaged and in the case of multi-disciplinary practices the percentage of total fees to be allocated to each profession (eg. Consulting Engineers – must be distinguished between Civil, Structural, Mechanical, Electrical, Hydraulic, Ventilation and other activities.)

Profession: _____ Percentage of Total Fees _____
 _____ Percentage of Total Fees _____

14. Total Number Of Staff Compliment:

- a) Partners / Principals / Directors _____
- b) Qualified Staff _____
- c) Draughtsmen _____
- d) Trainee Staff _____
- e) Other Technical Staff _____
- f) All Other Staff _____
- g) Total Staff Complement _____

15. Does this Practice undertake any work whatsoever where the “end product” of such work is carried out in territories other than Republic Of South Africa / Namibia?

Yes No

If yes, please give the following details:

Country	Starting Date	Type of Contract	Total Contract Value	Approximate Completion

16. Please state the 5 largest contracts commenced during the past 6 years:

Country & Starting Date	Type Of Contract	Total Contract Value	Approximate Completion

17. Kindly indicate the approximate percentage applicable to these specified projects as a percentage of the total work that you have carried out during the past 12 months. (ALL Questions to be answered)

		Approximate Percentage (If "none", state "none")
A	Feasibility Studies, Reports, Surveys etc (where applicant is not 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	High Rise Buildings	
O	Schools, Hospitals & Municipal Buildings	
P	Industrial Systems Buildings	
Q	Mechanical Plant & Bulk Handling Equipment (including Silos etc)	
R	Other work including any specialist activities not shown above (Please specify)	
		100%

18. Supervision Of Construction

A	Proportion of work where Firm both designs and supervises the actual construction.	%
B	Proportion of work where Firm provides technical supervision of construction from the design made by other Firms.	%

19. a) Are full rights of recourse maintained against sub-contractors, consultants etc?

Yes

No

If no, please provide explanation:

b) Is it ensured that sub-contractors, consultants etc maintain their own Professional Indemnity Insurance? Yes No

20. Does the Proposer always:

a) effect a written contract with the client before the advice, design or services are provided? Yes No

b) obtain legal advice before contracts are signed? Yes No

If no, please provide explanation:

21. a) Please indicate the amount of Indemnity required:

b) Please state amount of Excess the Proposer is willing to carry if available, as uninsured of each and every claim (which includes associated Defence Costs)

22. Fee Income:

(Correct / adequate figures must be given, as proof of fee income could be requested should a claim arise)

a) Indicate gross fees received during the past five years:

Year	Gross Fees
2001/2	
2002/3	
2003/4	
2004/05	
2005/06	

b) Please give the estimated fees for the coming 12 months _____

23. When independent or specialist consultants are subcontracted for projects, have you in the past ensured, and will you in the future endeavour to ensure that such consultants are appointed directly to your client.

a) In the past Yes No

b) In the future Yes No

24. Has the Proposer previously purchased professional indemnity insurance? Yes No

If yes, please provide:

- a) Name of Insurers: _____
- b) Date the Policy Expires: _____
- c) Indemnity Limit: _____
- d) Excess: _____
- e) Basis Of Cover (claims made or losses occurring): _____
- f) Retroactive Date: _____

25. Has any Insurer ever:

- a) Has any Proposal / Renewal for insurance ever been declined for this practice or any Partner / Principal? Yes No
- b) Did any previous Insurer ever require:
 - i) Increased Premiums or terms? (other than standard market increases) Yes No
 - ii) Special restrictions or conditions? Yes No
- c) Has any previous Insurer terminated or refused to renew any insurance? Yes No

If the answer to any of the above is YES, please provide full details:

26. Claims Details:

a) Please provide details of all claims, (including amounts paid) made against the Proposer, **whether or not insured**, over the past ten years:

b) Has the Proposer been involved in any dispute or arbitration concerning professional fees, advice or services to others during the last ten years? Yes No

If yes, please provide full details:

27. Do any of the directors or employees, **after enquiry**, have any grounds for suspecting, or are they aware of any circumstances which might give rise to a claim against the Proposer or against any of the present or former directors during the last ten years?

Yes No

If yes, please provide full details, including the potential costs:

DECLARATION

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested.

I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers. I/We agree that this Proposal together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein. I/we undertake to inform the Underwriting Managers of any material alteration to these facts, whether occurring before or after completion of the contract of insurance.

Signed at _____ on this _____ day of _____

Authorised Signatory on behalf of Entity to be Insured _____

Capacity _____