



## PROFESSIONAL INDEMNITY PROPOSAL FORM

### INSURANCE INTERMEDIARIES

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  
Reg No 1996/008912/07  
Manor House, 6 Conrad Drive, Blairstown, Johannesburg  
P.O. Box 2155 Pinegowrie 2193  
Tel +27 11 326-2951, Fax 0866 351 124 (Local) +27 326 2952 (Int)  
Web Site [www.aua.co.za](http://www.aua.co.za)  
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) \_\_\_\_\_  
\_\_\_\_\_

2. Head Office Contact Person & Numbers: Person \_\_\_\_\_  
Tel No. ( ) \_\_\_\_\_  
Fax No. ( ) \_\_\_\_\_  
Web Site Address \_\_\_\_\_  
Company FSP License No. \_\_\_\_\_

3. Head Office Principal Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Head Office Principal Postal Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Business Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please provide the Company: Registration Number \_\_\_\_\_  
Vat Number \_\_\_\_\_

7. Date of commencement of practice: As currently constituted \_\_\_\_\_  
As initially established \_\_\_\_\_

**8. Names and 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 Practice

**9. Staff Compliment:**

Total number of :

- a) Partners / Principals / Directors \_\_\_\_\_
- b) Professional Assistants / Accounts Executives (Other than Principals) \_\_\_\_\_
- c) All other staff (Excluding commission only staff see Question 18 (e)) \_\_\_\_\_
- d) Total compliment \_\_\_\_\_

**10. 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:

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**11. Are any of the Proposed Insured 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 details:

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12. Are you at present or have you in the past been Insured? Yes  No

If YES, please state:

- a) Name of Insurers \_\_\_\_\_
- b) Indemnity Limit \_\_\_\_\_
- c) Excess Applicable \_\_\_\_\_
- d) Date of Expiry \_\_\_\_\_
- e) Whether Policy includes "Run-Off" Cover  
and if so, for what period \_\_\_\_\_
- f) Retro Active Date \_\_\_\_\_

13. Is Indemnity to apply to any Principal who has left / retired / died? Yes  No

If YES, please state:

Name	Qualifications	Date Qualified	How long Principal in this Practice

14. For the type of Insurance now being proposed, has any Insurer ever:

- a) Declined Proposal or renewal for this Practise or any Partner / Principal? Yes  No
- b) Required an increased premium or imposed special terms? Yes  No
- c) Cancelled an Insurance? Yes  No

If YES, please give details:

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15. Do you require cover in respect of liability incurred by not discovered prior to the effecting of this insurance at a single premium to be negotiated?

Yes  No

16. Business Activities:

16.1 Volume of Business  
Financial Year End \_\_\_\_\_

a) Please advise for the past three years:

Year Ended	Total Written Premium	Total Revenue (Commissions & Fees)
1		
2		
3		

b) Kindly indicate the estimated fees for the forthcoming 12 months \_\_\_\_\_

16.2.

a) Approximate percentage of estimated gross income accruing from various activities:

Description of Services	Percentage
Life & Pensions Business (including Retirement Annuity Business)	
Mortgage Broking in conjunction with Life & Pensions Broking / Agency	
Mortgage Broking not in conjunction with Life & Pensions Broking / Agency	
Fire / Motor / Accident Business	
Multimark Goods In Transit Business	
Liability Business	
Marine Business	
Aviation Business	
Reinsurance / Reassurance Business	
International Placements	
Other Activities (please specify in full)	

If you are involved in any of the above, with the exception of Fire/Motor/Accident Business, kindly provide full details of such work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Do you expect any major changes to the above in the forthcoming 12 months? Yes

No

If yes, please specify:

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**16.3 Business Associations**

Details of all Joint-Broking appointments held by Proposer:

Client	Type of Portfolio	Joint Broker	Apportionment of Work / Fees

**16.4 Acceptance / Claims Authority**

Do you have any Binding Underwriting and / or Claims Settlement Authorities, otherwise than in terms of Standard Agency Contracts?

Yes  No

If YES, kindly advise the following:

a) Names of all Insurers subscribing thereto \_\_\_\_\_

b) Classes of business acceptable thereunder \_\_\_\_\_

c) Maximum permitted Limit each acceptance \_\_\_\_\_

d) Names, ages, qualifications and experience in relation to these activities of all persons exercising binding authority:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**16.5 Annual Premium Income / Gross Commission / Fees attained from the authority for**

a) last financial year \_\_\_\_\_

b) current year (estimate) \_\_\_\_\_

**16.6 Claims settlement authority limit(s)** \_\_\_\_\_

\_\_\_\_\_

**16.7** Method of accepting business (eg Proposer's own business, named sub-agents etc)

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**16.8** Is any change envisaged in relation to the authorities stated above for the forthcoming twelve months?

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**17.** Are you a member of any Professional Associations?  
If yes, please name them:

Yes  No

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**18.** Do you require any of the following extensions:

- |                                                                                                                                                                                                                                   |     |                          |    |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| a) Dishonesty of Staff other than Principals / Directors                                                                                                                                                                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| b) Pension Trustees                                                                                                                                                                                                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| c) Mortgage Broking in connection with Life Assurance                                                                                                                                                                             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| d) Mortgage Broking                                                                                                                                                                                                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| e) Additional Insured<br>(Persons not employed directly by the Insured who are remunerated on a commission only basis and who are to be indemnified in respect of their activities as if they were member of the Insured's staff) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Kindly name them together with their experience and qualifications:

Name	Qualifications	Years Experience In Insurance Industry

19. a) Please indicate the amount of Indemnity required: (Minimum R250 000.00)

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b) Do you require one or two reinstatements of the Indemnity during the period of insurance?

Yes  No

Number of Reinstatements One  Two

c) 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)

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## 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 \_\_\_\_\_

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