



PROPOSAL FORM

PROFESSIONAL INDEMNITY

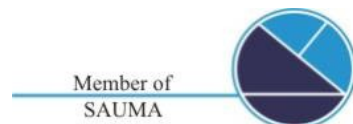
This Proposal Form, together with the information provided, has been compiled in such a manner as to provide the Underwriters with as much information as possible with regard to the evaluation of the insurance requirements of the Proposer as named herein. Completion of the Form does not bind the Proposer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

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 Proposer Established _____

9. a) Has any change by way of merger, take-over or change of name occurred in the last 10 years? Yes No

If yes, please give full details with relevant dates _____

- b) Is the Proposer financially associated with any other firm? Yes No

If yes, please give full details with relevant dates _____

10. Please state the Proposer's:

	Home	Other	USA	Total
a) Total turnover for the last financial year				
b) Percentage sub-contracted to sub-consultants				
c) Estimated Turnover for the current financial year				
d) Estimated Turnover for the next financial year				
e) Financial Year End Date				

11. Please provide the approximate percentages for the last financial year for the following areas of the Business:

Professional Service	Description of Services	Percentage
Accountancy or Audit		
Architecture		
Computing & IT		
Engineering		
Human Resources		
Insurance		
Investments		
Legal		
Management Consultancy		
Medical or Healthcare		
Project Management		
Property Agency / Management		
Surveying		
Stock-Broking		
Shipping / Forwarding		
Training		
Other (please specify)		

12. a) Does the Proposer belong to any Trade Associations or Professional Bodies? Yes No

If yes, please identify:

- b) Has an ISO qualification or similar been achieved? Yes No

If yes, please identify:

13. Do you construct, manufacture or provide advice, design or services for or in connection with prototypes or innovative designs or products? Yes No

If yes, please provide details:

14. Please provide the following information regarding the five largest contracts, relevant to the proposed insurance, in recent years:

Type of Contract	Territory	Fee / Receipt

15. a) Are full rights of recourse maintained against sub-contractors, consultants and product suppliers? Yes No

If no, please provide explanation:

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

16. Please list the countries in which any activities declared under Question 10 are offered and state the approximate income for each country for the last financial year

Country	Approximate Income

17. 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
- c) exclude liability for consequential loss? Yes No

If no, please provide explanation:

18. 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: _____

19. Has any Insurer ever:

- a) Has any Proposal for insurance ever been declined? 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:

20. 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)

21. 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:

22. 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 _____
