

# Professional Indemnity – Top-up

## Attorneys, Notaries and Conveyancers

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM.

**PLEASE NOTE** This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to “claims” made against the Insured and notified to Underwriters during the period of insurance.

- Please answer ALL questions fully and do not leave any blank field - state “NIL”, “N/A” or “NONE” as applicable.
- If any changes / corrections need to be made to the form, you will need to initial above the amendment.
- Failure to provide accurate information may affect your ability to lodge a successful claim.
- **Please remember to attach:**
  - Copies of the current Legal Practitioner Fidelity Fund Certificates for all Principals.
  - Copies of current principal(s) IDs.
- If any part of this document is not understood, please contact us:

### INTERMEDIARY DETAILS

Broker:	<b>ALPHABELLE (PTY) LTD</b>	Broker FSP number:	<b>46984</b>
Consultant’s name:	<b>VANESSA GOUS</b>	Telephone number:	<b>082 446 9876</b>
E-mail address:	<a href="mailto:vanessa@alphabelle.co.za">vanessa@alphabelle.co.za</a>		



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📞 082 446 9876 📠 012 942 9539 ✉ [vanessa@alphabelle.co.za](mailto:vanessa@alphabelle.co.za) 🌐 [www.alphabelle.co.za](http://www.alphabelle.co.za)  
PO Box 11732, Silver Lakes, 0054 | 6 Avocet Corner, Hazeldean Office Park, Silver Lakes Rd, Silver Lakes, Pretoria  
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**1. Details of Proposed Insured**

- a. Insured / Practice Name: \_\_\_\_\_  
(Please attach details of all subsidiary companies)
- b. Contact Person \_\_\_\_\_
- c. Address: \_\_\_\_\_
- d. Telephone Number: \_\_\_\_\_ Cell No. \_\_\_\_\_
- e. E-Mail address: \_\_\_\_\_ Website: \_\_\_\_\_
- f. Co. Reg No.: \_\_\_\_\_ Vat No.: \_\_\_\_\_
- g. Present Legal Constitution  
Sole Practitioner  Partnership  Incorporated Co.  Limited Co.  Closed Corp.
- h. Date of commencement of Practice: As currently constituted \_\_\_\_\_  
As initially established \_\_\_\_\_
- i. Are any branches of the proposed insured located outside of South Africa? Yes  / No   
If yes, please provide full details: \_\_\_\_\_

j. Names and Qualifications of Principals (attach ID copies):

Name	Qualifications	Date Qualified

k. Staff complement - Total Number of:

Partners / Principals / Directors		Articled Clerks	
Professional Assistants		All Other Staff	
	Total		



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**2. Detailed Business Description:**

- a. Please provide full details of all activities involved in:  
(If engaged in multiple disciplines, please provide a percentage split – total must add up to 100%)

\_\_\_\_\_

- b. Nature of Practice: - “Attorney, Notary and Conveyancer” is defined in the policy as “including such activities not reserved by law to Attorneys, Notaries and Conveyancers as are generally and legitimately conducted as part of a legal practice.”

Please indicate whether your Practice includes:

- i) Insurance, Building Society Agencies, Real Estate, Co-Operative Society and / or similar Commercial Agencies. Yes  / No
- ii) The provision of investment, mortgage of bail bond services. Yes  / No
- iii) The provision of investment advice as distinct from investment services. Yes  / No
- iv) Any other activity not generally engaged in by legal practices in South Africa. Yes  / No

If yes to any and if cover is required in respect thereof, please specify each such activity. Indicate the Principal(s) primarily responsible and the approximate contribution of the particular activity to gross annual fee income.

Principal	Activity	Approximate Contribution	Gross Annual Fee Income
		R	R
		R	R
		R	R

**3. Claims experience**

- a. 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, whether in terms of this Proposal or any other Proposal / Policy for the same type of cover? Yes  / No

\_\_\_\_\_

- b. After enquiry, are any of the proposed insured / Partners / Directors / Members or Employees aware of any circumstances which would be covered under a policy of this type that may result in any claims or any possible claims being made against them? Yes  / No

If yes, please provide full details: \_\_\_\_\_



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**4. Details of Insurance**

- a. Please provide the following detail in respect of cover your firm obtains from the Legal Practitioner Indemnity Insurance Fund (LPIIF) Professional Indemnity Scheme: -

Limit : R \_\_\_\_\_

- b. Other than the cover afforded under the LPIIF, do you at present or have you in the past had any other policy/ies of this type of Insurance cover in place? Yes  / No   
*(This includes any "Top-Up" cover over and above the LPIIF cover)*

If yes, please provide the following details:

- i. Name of Insurer: \_\_\_\_\_
- ii. Date cover expires/d: \_\_\_\_\_
- iii. Limit of Liability: \_\_\_\_\_
- iv. Retroactive date: \_\_\_\_\_
- v. Current Premium: \_\_\_\_\_
- c. For the type of Insurance now being proposed, has any Insurer ever:
- i. declined a Proposal or renewal for this Practice or any Partner / Principal? Yes  / No
- ii. required an increased premium or imposed special terms? Yes  / No
- iii. cancelled an insurance? Yes  / No

If yes, please provide full details: \_\_\_\_\_

**5. Business conducted outside South Africa.**

- a. Do you or your firm do any business for your clients in the U.S.A, Canada, Australia or any other countries / states governed by their laws? Yes  / No   
If yes, please provide the following details -
- i) What percentage of your fees is attributable to these activities? \_\_\_\_\_
- ii) Do you have physical offices in these areas? Yes  / No
- b. Does the company or any partner, Director, etc. own any assets in the U.S.A, Canada or Australia? Yes  / No

**6. Inter partnership arrangements**

- a. Do you have any inter-partnership arrangements with other Attorneys, or firms of Attorneys? Yes  / No
- b. If yes, do these firms carry out work in the name of your firm or vice-versa? Yes  / No
- c. Do they have professional Indemnity cover in place? Yes  / No

and if so, for what limit? R \_\_\_\_\_



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- d. If they carry out in your name, please submit a declaration from them that their partners are, after enquiry, not aware of any circumstances which may result in any claim being made in connection with work undertaken on your behalf.

**7. Risk Management**

a. Are criminal and credit checks performed on new employees before they are hired?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b. Does the firm enforce an employee leave policy which requires its employees to take a minimum of five consecutive days in a calendar year?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c. Do you have a “segregation of duties policy” with regards to processing, loading, releasing and authorizing payments and electronic funds transfers?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d. Do you implement a system of dual authority with regards to authorizing payments and electronic transfers?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e. Does the firm have a policy in place to ensure that a payee’s details are verified with the actual account holder before making payment?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f. Are procedures in place to control the creation of new payees and changes to existing payees?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
g. Are bank details always confirmed telephonically and a record kept of the confirmation?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
h. Are all bank tokens and bank access cancelled on the termination of an employee’s employment within the firm?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
i. Is computer access revoked on the termination of an employment within the firm?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
j. Are all cheques and / or cash which are received by the firm banked daily? If no, please indicate the length of time it takes to bank the relevant monies.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
k. Do you retain proof of EFT payments and return paid cheques from the banks?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
l. Do you provide receipts for all trust payments received? If no, please advise what process of recording is used?	Yes <input type="checkbox"/> / No <input type="checkbox"/>

If you have answered NO to any of the above questions, please provide additional information as to what alternative processes you may have in place.




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**8. Fee income (as at the company's financial year end)**

a. What is the date of the Company's financial year-end: \_\_\_\_\_

b. Please give the audited fees for the last 5 completed financial years (which must include contingency fees):

Year End	Fees
<b>2019</b>	R
<b>2020</b>	R
<b>2021</b>	R

Year End	Fees
<b>2022</b>	R
<b>2023</b>	R
Estimate for next 12 months	R

**9. PART A – Professional Indemnity**

*(Provides cover for your legal liability to pay compensation to a third-party arising out of the provision of your professional services, i.e. as a result of acts, errors or omissions.)*

a. Approximate percentage of estimated gross income accruing from various activities

Activity	Percentage		Percentage
Conveyancing	%	Patents	%
Commercial	%	M.V.A	%
Probate	%	National Housing Board	%
Deceased Estates	%	Sequestrations	%
Curatorship's	%	Business Recovery / Rescue	%
Intellectual Property	%	Medical Malpractice Litigation	%
Criminal	%	Other Activities (Please provide full details)	%
Matrimonial	%		

Total (must add up to 100%)

OTHER: \_\_\_\_\_



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**b. Automatically included extensions.**

- Claims Preparation Costs
- Defamation Extension
- Defense Costs (Statutory Body)
- Liability following Employee Dishonesty
- Loss of Documents

**Optional Extensions**

(to be selected and for which a premium might be charged.)

- LPIIF Excess Infill Yes  / No
- Correspondent Extension Yes  / No
- Cyber Liability Extension Yes  / No
- Investment Advice Extension Yes  / No
- Outside Directors and Officers Yes  / No

**c. QUOTE REQUEST**

Limit of Indemnity required : Limit R \_\_\_\_\_ Limit R \_\_\_\_\_

**10. PART B – Fidelity Guarantee** (only complete if cover is required)

(Exists to safeguard your firm or organisation against theft of the firm's own money, securities or property by an employee, partner, contractor or volunteer).

10.1. Limit of Indemnity to be quoted on Limit R \_\_\_\_\_ Limit R \_\_\_\_\_

a. Basis of cover (select the basis you wish cover to be on)

**Blanket Basis**  OR **Names persons basis / Named positions basis**

b. If cover is selected on a Named Persons basis or Names Position Basis, then please provide a list of the staff / positions to be covered under this section of the policy.

Employee's name	Employee position

**QUOTE REQUEST**

Limit of Indemnity and Deductible required : Limit R \_\_\_\_\_ Deductible \_\_\_\_\_

Limit R \_\_\_\_\_ Deductible \_\_\_\_\_

**10.2. Optional FG Extension** (to be charged for).

- Retroactive cover extension – No previous insurance in force Yes  / No
- Superseded insurance extension Yes  / No
- Voluntary first amount payable clause Yes  / No
- Reduction / reinstatement of insured amount clause Yes  / No



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- o Costs of recovery extension Yes  / No
- o Computer losses extension Yes  / No
- o Extension for losses discovered more than 24 (twenty-four) months after being committed but not more than 36 (thirty-six) months thereafter. Yes  / No
- o Extension granted on receipt of a satisfactory system audit in respect of losses discovered more than 24 (twenty-four) months after being committed (if stated in the schedule to be included). Yes  / No

**11. PART C – Misappropriation of Trust Fund Cover** *(only complete if cover is required).*

*(Covers you against theft from your Trust account by a Director or employee of the firm who holds a valid contract of employment).*

11.1. In respect of Trust Money, please indicate the amount of Trust Money held at the Financial Year End for the last three years.

Year end	Amount held in Trust
<b>2021</b>	R
<b>2022</b>	R

Year end	Amount held in Trust
<b>2023</b>	R

11.2. At what intervals are Trust Money balances checked by?

- a. an internal audit of one of the Partners? \_\_\_\_\_
- b. an audit by the firm's Auditors? \_\_\_\_\_

11.3. Please tick the system used to manage your Trust Fund Account

- o Nedbank Corporate Saver       Standard Bank Third Party Fund Administration
- o Nedbank Pro Banker       Investec Corporate Cash Manager
- o First National Bank
- o Other (Please specify) \_\_\_\_\_

11.4. Basis of cover.

**Blanket Basis**       OR      **Named Persons Basis / Named Position Basis**

If cover is selected on a Named Person Basis or Named Position Basis, then please provide a list of the staff to be covered under this section of the policy.



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Employee's name	Employee position

**Optional Misappropriation of Trust Fund Extensions (to be charged for)**

- o Insolvency Practitioners extension Yes  / No

**12. PART D – Third Party Impersonation Fraud Cover (only completed if cover is required).**

Please choose between option 1 and option 2.

**Option 1.**

*Covers loss of Money resulting directly from an Insured Employee having, in good faith:*

*12.1.1.1. Amended the bank details of the Insured's client to the details of a bank account that belongs to an Impersonator ("incorrect bank account"); and*

*12.1.1.2. Transferred Money from the Insured's Trust account into the incorrect account.*

*As a result of a fraudulent instruction communicated via email, telephone or fax to the Insured Employee, by an Impersonator purporting to be the Insured's Client or Authorised Person in respect of a transaction being acted upon by the Insured.*

The Excess payable by the Insured and the Indemnity provided by the Insured are dependent upon the level of Verification undertaken by the Insured Employee following the receipt of a fraudulent instruction to change bank details.

Please provide:

- i) A copy of the firm's Verification Policy and register of employees who have acknowledged either receiving a copy of, or being trained on, the Verification Policy.
- ii) A list of Insured employees who are to be covered under this section of cover.


**Option 2. Underwritten by Commercial Crime Concepts (\*Business & Trust funds)**

*Covers loss of money belonging to the Insured or which is in the Insured's care, custody and control; resulting directly from an insured Employee having, in good faith:*

*a. Transferred money from the Insured's own account; or*

*b. Amended the bank details of a customer, supplier or service provider in the Insured's EFT payment system as a result of a fraudulent instruction (via e-mail, telephone or fax), communicated to an employee of the Insured, by a person purporting to be-*

*i. A director, officer, partner, member or sole proprietor of the Insured or other employee of the Insured; or*

*ii. A customer, supplier, service provider or adviser, or a representative or employee of such person or entity, that has a legitimate written agreement or a pre-existing written agreement or agreement to provide goods or services to the Insured.*

**Subject to the Insurer's policy terms and conditions.**



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### 13. PART E - Cyber Insurance

*(Designed to cover the resultant costs and damages from a privacy breach or a network security breach, providing comprehensive first and third-party coverages with an expert incident response process).*

#### **Subject to the Insurer's policy terms and conditions.**

PLEASE LET US KNOW SHOULD YOU BE INTERESTED IN THIS COVER.

#### **Declaration:**

- ❖ I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not misstated or suppressed any material fact.
- ❖ I/we agree that this Proposal Form, together with any other material information supplied by me/us shall form the basis of any contract of insurance effected thereon.

#### **I hereby authorize and consent to Alphabelle**

- Obtaining any documentation, information and data, including my claims history, relating to my insurance cover held by my previous and current indemnity provider(s).
- Processing all facts disclosed and obtained, for the purposes of assessing my risk profile and / or underwriting the risks and relating to performance of any policy rights and obligations.
- Using my anonymised data for research and education.

\_\_\_\_\_  
Signed on behalf of Insured

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position held at Insured

\_\_\_\_\_  
Date

### **PROTECTION OF PERSONAL INFORMATION ACT**

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

- To verify the information disclosed herein against any other source.
- To communicate with you directly should you request us to and in accordance with relevant regulatory requirements.
- To compile non-personal statistical information to assist in assessing similar risks.
- To assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances.
- To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control.



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Further disclosures.

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer's legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us):

- To request that we provide you with access to your personal information held/processed by us.
- To request that we erase or correct your personal information that we hold (where appropriate/possible).
- To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format.
- To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact us.

#### INTERMEDIARY DETAILS

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