

# PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

## BUILDING INDUSTRY

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 every question fully, and state “NIL”, “N/A” or “NONE” as applicable.
- Please complete separate Proposal Forms for each Partner to be included in the quotation and attach a list of all Partners.
- Please submit any additional information you feel may be of assistance to Underwriters, such as Brochures etc.
- It is the duty of the Proposer to disclose all material facts to Underwriters. Where this is omitted, the Underwriters may avoid their obligation under the Policy.

For the purposes of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a ‘material fact’ shall be deemed to be one that would be likely to influence an Underwriter’s judgment and acceptance of your Proposal.

The following documents must be returned with this proposal form: -

1. Detailed CV.
2. Company profile / Brochure.
3. Professional Body Membership.

### 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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**1. Details of Proposed Insured:**

1.1. Insured / Practice Name: \_\_\_\_\_

1.2. Physical Address: \_\_\_\_\_  
\_\_\_\_\_

1.3. Tel No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

1.4. E-Mail: \_\_\_\_\_ Web Site: \_\_\_\_\_

1.5. VAT No: \_\_\_\_\_ C.O. Reg No: \_\_\_\_\_

1.6. Present Legal Constitution (Mark Relevant Box)

Sole Practitioner  Partnership  Incorporated Co.  Limited Co.  Closed Corp.

1.7. Date of commencement of Practice: As currently constituted : \_\_\_\_\_

As initially established: \_\_\_\_\_

1.8. Professional Bodies (please provide details of any professional / Regulatory Bodies that you are a member of)

\_\_\_\_\_

1.9. Names and Qualifications of Principals.

Name & ID Number	Qualifications	Date Qualified

1.10. Are any branches of the Proposed Insured located outside of South Africa? Yes  / No

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

**2. Detailed Business Description:**

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

(if engaged in multiple disciplines, please provide a percentage split – total must add up to 100%)



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**3. Claims experience**

3.1. 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 (including but not limited to Single Projects)? Yes  / No

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

3.2. 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, or any other Policy for the same type of cover (including but not limited to Single Projects), that may result in any claims or any possible claims being made against them? Yes  / No

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

**4. Details of Insurance**

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

If yes, please provide the following details:

i. Name of Insurers: \_\_\_\_\_

ii. Date cover expires/d: \_\_\_\_\_

iii. Retroactive date: \_\_\_\_\_

iv. Limit of Liability: \_\_\_\_\_

v. Current Premium: \_\_\_\_\_

4.2. 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

**5. Staff complement.**

Total number:

Partners / Principals / Directors		Qualified Staff	
Draughtsman		Trainee Staff	
Other Technical Staff		All other staff	
Total Staff Complement			



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6. **Countries in which you do business.**

South Africa	%	Mozambique	%
Botswana	%	Namibia	%
Lesotho	%	Swaziland	%
Malawi	%	Zimbabwe	%
Other – Please specify.			

7. **Please indicate with a tick (✓) your profession.**

Architect		Construction Manager		Engineer	
Environmental Consultant		Town Planners		Quantity Surveyor	
Land Surveyor		Other – Please specify.			

8. **Is the Practice or any Partner / Principal / Director engaged with any other person / Practice in a Single Project Partnership or a Consortium or Group Practice?**

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

**The Company's standard policy does not cover any liability that may flow from collaboration in Consortium or Single Project partnership, and notice must be given any of any such association that may be entered into during the contract subsistence of the Insurance contract.**

9. **Supervision of Construction**

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

10. **Applicable to Limited Companies only**

Do your charges accord with the scales sanctioned by the Professional Body in the field in which you are engaged?

Yes  / No

If No, on what basis do you charge for your services? \_\_\_\_\_



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**11. Disciplines in which engaged, please provide the percentage of total fees attributable to each profession. (Total percentage must add up to 100%)**

Civil	%	Environmental	%
Structural Engineering	%	Chemical and Process	%
Electrical Engineering	%	Project Management	%
Mechanical	%	Architecture	%
Geotechnical	%	Quantity Surveying	%
Mining	%	Land Surveying	%
Other: <b>Please specify</b> -			

**11.1. SUPERVISION, NO CONSTRUCTION**

If involved in Project Management, please tick “√” below which activities you are responsible for: -

Feasibility Studies (General)	Supervision of Installation / Construction	Road Routing Design and Feasibility	Clearing, Forwarding & Customs Clearance Duties
Geotechnical Services	Issuing Variation Orders	Certifying Final Completion	Arranging Site Insurances
Cost Estimates	Quantity Estimates	Expediting	Design Criteria
Cash Flow Forecasts	Flowsheets	Certifying Final Payment	Instructions to Tenderers
Settling Contractual Claims	Tender Adjudication / Recommendation	Administration of Retention Fund	Authorisation of Progress Payments
Supervision of Commissioning	Approval of Detailed Design	Quality Control / Assurance	Drafting of Contract Conditions
Working Drawings	Co-ordination	Measurement	Others

Please specify: \_\_\_\_\_

11.2. Please provide us with details of any other projects being worked on of an unusual or special nature (outside the normal scope of business) or with a total contract value in excess of R 500M? Yes  / No

11.3. Tidal Waters (ocean, coastal, river mouth or estuarine waters coming under the continual influence of the tides)

11.3.1. Is or will your practice operate or undertake any projects that could be affected by tidal Waters? Yes  / No

11.3.2. Is or will your practice operate or undertake any projects on reclaimed coastal land? Yes  / No

If yes, please provide the following information:

11.3.2.1. Are these projects normal to your business practice? Yes  / No

11.3.2.2. What is your experience in this discipline? \_\_\_\_\_

11.3.2.3. Do you employ the necessary specialists within your practice? Yes  / No

11.3.2.4. Are the techniques used tried and tested or new? Yes  / No

11.3.2.5. Advise the anticipated Fees from such projects. R\_\_\_\_\_

11.3.2.6. Advise any previous losses / circumstances. \_\_\_\_\_



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**12. Please provide the following contract details:**

12.1. 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? Yes  / No

If yes, please provide details:

Country	Starting Date	Type of Contract	Total Contract Value	Approximate Completion date
			R	
			R	

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

Country	Starting Date	Type of Contract	Total Contract Value	Approximate Completion date
			R	
			R	
			R	
			R	

**13. Gross fee income (as at the company’s financial year end)**

“Professional Services” shall mean all work performed for or advice given to Third-Parties by the Insured in the normal course and scope of Insured’s Business according to the Insured’s declaration.

13.1. What is the date of the Company’s financial year-end? \_\_\_\_\_

13.2. Please give the audited fees for the past 5 years:

Year End	Fees	Year End	Fees
<b>2019</b>	R	<b>2022</b>	R
<b>2020</b>	R	<b>2023</b>	R
<b>2021</b>	R	Estimate for next 12 months	R

13.3. Please declare fees paid to Sub-Contractors during the immediately preceding Financial Year: \_\_\_\_\_



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14. **Please give the approximate percentage applicable to these specified projects as a percentage of the total work which you have carried out during the past 12 months.**

Activities		Approximate Percentage	Activities		Approximate Percentage
1	Water Schemes	%	10	Chemical, Petro-chemicals and Refineries	%
2	Bridges and / or Tunnels	%	11	Dams	%
3	Heating, Ventilating and Air Conditioning	%	12	Foundations and Underpinning (provide full details of involvement)	%
4	High Rise Buildings (if more than 2 storeys, please provide details of specialist advise obtained)	%	13	Housing Schemes (if any, please provide full details of involvement, specifically whether it includes "Low Cost Housing" projects.	%
5	Harbours or Jetties	%	14	Mines	%
6	Sewerage Schemes	%	15	Soil Testing	%
7	Nuclear or Atomic Projects	%	16	Industrial Systems Buildings	%
8	Schools, Hospitals and Municipal Buildings	%	17	Mechanical Plant and Bulk Handling Equipment (including Silos, etc)	%
9	Feasibility Studies, Reports, Surveys, etc. (where not involved in actual design work)	%	18	Other work including any specialist activities not shown above (provide full details below)	%
<b>Total</b>					<b>100%</b>

If "Other" please specify: \_\_\_\_\_

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15. **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 Insurers policy, terms and conditions. PLEASE LET US KNOW IF YOU REQUIRE THIS COVER.**



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**16. Public Liability Cover**

*Designed to protect your business from claims by clients and / or general public in the event of accidental death, bodily injury, illness or accidental loss or damage to the property of another party.*

16.1. Do you currently have an insurance policy providing this coverage which is in force? Yes  / No

i. If Yes what is the retroactive date: \_\_\_\_\_

ii. Limit of Liability \_\_\_\_\_

iii. Deductible/First Amount Payable \_\_\_\_\_

16.2. Do you operate in or have premises in the USA or Canada? Yes  / No

16.3. Has the insured suffered any loss, damage, sickness or injury or incurred any liability in the last 12 months that has or could have given rise to a claim under a public liability policy whether or not insurance was in force? Yes  / No

16.4. Has the insured ever had any proposal or renewal for public liability declined or had cover cancelled by insurers? Yes  / No

16.5. Is the insured involved in the provision of any educational, after-care, sporting or recreational facilities or activities for minors (under the age of 18)? Yes  / No

16.6. Does the insured provide any healthcare or medical treatment of any kind? Yes  / No

**17. Fidelity Guarantee** *(only complete if cover is required)*

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

17.1. Cover required : Limit R \_\_\_\_\_ Deductible \_\_\_\_\_

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



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**18. Third Party Impersonation Fraud Cover** (only complete if cover is required).

*This covers loss of Money belonging to the Insured resulting directly from an Insured Employee having, in good faith:*

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

*18.2. 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 from an impersonator (via email, telephone or Facsimile), communicated to an Insured Employee, by a person purporting to be:*

- a. A director, officer, partner, member or sole proprietor of the Insured or Insured Employee; or*
- b. A customer, supplier, service provider, member or sole proprietor of the Insured or Insured Employee of such person or entity, that has a legitimate written agreement or a pre-existing written arrangement or agreement to provide goods or Professional Services to 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.

Cover required :                      Limit R \_\_\_\_\_ Deductible \_\_\_\_\_

Should you require this cover, please provide: -

- i) A copy of the company's Verification Policy containing the minimum verification protocols.
- ii) A register of employees who have acknowledged receiving a copy of and being trained on the Verification Policy.
- iii) A list of employees to be covered under this section of cover.

**19. QMS and Contracts**

- a. Do you have a FORMAL ongoing staff programme? Yes  / No
- b. Do you have a formal Quality Management System (QMS) in place? Yes  / No
- If Yes, please provide an overview and confirm whether it is subject to an external review process?
- If you have no QMS, please explain:

- c. When Sub-agents, Sub-Consultants or Sub-Contractors are appointed, do you ensure that they own Professional Indemnity Insurance? Yes  / No
- d. Are all professional services performed under a written contract signed by each client? Yes  / No
- e. Do you limit the period for which you will be held responsible after project completion? Yes  / No

**20. Company Auditor Details.**

Has your auditor ever reported any flaws in your system of controls – Operational / Technical / Administrative? Yes  / No

If Yes, please describe how you rectified those flaws?



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## 21. Risk Management

The purpose of this section is to obtain confirmation of your risk management protocol but also to provide you positive feedback regarding important business management to prevent claims against you and to Protect Your Reputation.

Basic Risk Management means a record, implementation and continuous monitoring of proper internal procedures to mitigate risk. We would like to know if you have implemented the following: -

21.1. General Risk Management	
a. Do you keep a record of all communication to Your Customers about identifying and confirming uninsured risks and exposures which includes Your Customer's decision not to insure such risks and exposures (Applicable to short-term brokers)?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b. Do you keep a record of all communication about Your Customer's needs and exposures including instructions from You to any Insurer?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c. <b>Record of Advice</b> – Do you record in writing or electronically any renewal discussion advice provided and communicated to Your Customer?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d. Do you have a written mandate in place for each client?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e. Do You do a <b>Needs Analysis</b> with each client?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f. Do You have a formal renewal process with dated reminders to Your Customer?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
21.2. Cyber Third-Party Liability	
a. Do You establish the identity, authenticity and authority of any person sending You instructions?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b. Do You confirm that the banking details from or to which funds are transferred are authentic and belong to the sending or receiving party?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c. Do You ensure an absolute non-acceptance of telephonic instructions to alter banking, personal, email, telephone or similar detail?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d. Do You verify that any email instructions match and are identical to the applicable Records You hold?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e. Do You protect your computer, data and electronic systems with: -	
i. Up to date security and security patches?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
ii. Data backup protocols in separate secure locations?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
iii. Authentication processes to allow only trusted connections?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
iv. External firewalls to prevent external access?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
v. Password and access policy to maintain security and prevent unauthorized access?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
21.3. Fidelity Own Money / Third-Party Property and Money.	
a. Are criminal and credit checks performed on new Employees during the policy period?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b. Do You have an enforced leave policy in place with 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 and dual authority with regards to processing, loading, releasing and authorizing payments and electronic funds transfers?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
d. Do You have a policy in place to ensure that payee's and/or beneficiaries' details on electronic funds transfers are verified with the actual account holder before making a payment?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
e. Are procedures in place to control the creation of new payees and/ or beneficiaries and changes to existing payees and / or beneficiaries including the telephonic confirmation of bank details and recording thereof?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
f. Are all bank tokens and bank access cancelled on the termination of an employee's employment within the company?	Yes <input type="checkbox"/> / No <input type="checkbox"/>



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**Declaration:**

- ❖ I/we declare that after proper enquiry the statements and particulars given above are true and that I/we have not mis-stated 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/we undertake to inform underwriters of any material alteration to these facts occurring before the completion of the contract.

**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.

Your signature	Date
Designation	Your name & surname



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