

Professional Indemnity Proposal form for Miscellaneous Activities

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:**
 - Detailed CV.
 - Company Profile / Brochure.
 - Professional body membership.
- If any part of this document is not understood, please contact us:

INTERMEDIARY DETAILS

Broker:	ALPHABELLE (PTY) LTD	Broker FSP number:	46984
Consultant's name:	VANESSA GOUS	Telephone number:	082 446 9876
E-mail address:	vanessa@alphabelle.co.za		



Tailor-made Broker Solutions

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1. Details of Proposed Insured

a. Practice Name: _____

b. Address: _____

c. Contact Person: _____ Cell No. _____

d. E-Mail address: _____ Website: _____

e. Co. Reg No./ ID No.: _____ Vat No.: _____

f. Present Legal Constitution

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

g. Date of commencement of Practice: As currently constituted _____
 As initially established _____

h. Staff complement - Total Number of:

Partners / Principals / Directors		All Other Staff	
Professional / Qualified Employees		Total	

i. Names and Qualifications of Principals / Directors / Partners / Professional Staff. **(Please attach ID copies):**

Name	Qualifications	Date Qualified	Years of Experience

j. Names and Qualifications of all Other Staff:

Name	Qualifications	Date Qualified	Start date with this company



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2. Detailed Business Description:

Please provide full details of all activities involved in: _____

3. Countries in which you do business.

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

- **Sanctions:** No indemnity may be granted by Insurers in respect of any services provided by you in a **SANCTIONED TERRITORY** or to a **SANCTIONED PERSON** as listed by the European Union, United Nations, United Kingdom or United States of America.

4. Your Activities

- a. In providing Your Services for which You are qualified, what is the split of the work You perform? (Approximate percentage of total fees attributable to each activity – total 100%).

	%		%
	%		%
	%		%

- b. Please provide copies of any Brochures, Leaflets etc. describing the Firm's activities.

5. Please give details of any 3 valuations anticipated in the next 12 months.

Starting Date	Description	Total Contract Value	Extent of Services	Approximate Completion date
		R		
		R		
		R		

- **Please indicate how much of your work is performed in the following sectors?** Private _____% & Public _____%



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6. Joint Venture(s) Contracts: If cover is required, please refer to question below.

- a. Are you involved in any contract where you have agreed with others to jointly provide the services as detailed under Questions 2 and 4 above?
- b. Please note that cover *may be* provided for the extent of liability devolving upon you arising out of the services you perform **provided (a) the fees you earn in the Financial Declaration Question below and (b) the following detail for each Joint Venture Contract is advised.**
 - i) Name of Contract _____
 - ii) Type of Contract _____
 - iii) Capacity of other members / partners _____

7. 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
2019	R
2020	R
2021	R

Year End	Fees
2022	R
2023	R
Estimate for next 12 months	R

8. 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. Do you have a dedicated individual responsible for Risk Management and Quality Control? Yes / No
- If Yes, please provide the Name _____ & Position _____

- d. When Sub-agents, Sub-Consultants or Sub-Contractors are appointed, do you ensure that they own Professional Indemnity Insurance? Yes / No
- e. Are all professional services performed under a written contract signed by each client? Yes / No



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9. Public Liability

- a. Are floors cleaned daily? Yes / No
- b. Are wet signs displayed where floors are wet? Yes / No
- i) Are there any steps at your Company's business premises? Yes / No
- ii) If Yes, please state whether there are hand railings or anti-slip tape on the stairs? _____
- c. Is your business premises kept clear of clutter? Yes / No
- d. Does the access into your business premises cater for the elderly or disabled? Yes / No
- e. Are disclaimers present in and around your business premises and in the parking area? Yes / No
- f. Is there safe parking at your business premises? Yes / No
- g. Is your business premises armed at night or are they monitored by surveillance or security? Yes / No
- h. Does your business premise have fire exits? Yes / No
- i. Is all fire equipment regularly serviced? Yes / No
- j. When clients leave items behind at your business premises, are these stored in a safe place until they are returned? Yes / No

10. 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?

11. Insurance and Claims History.

a. Present or previous Insurance.

Are you presently or have you in the past been insured for the type of Insurance now being proposed?

Yes / No

- If Yes, please state the Name of the Insurer: _____
- Limit of Indemnity _____
- Cover expiry date _____
- Retroactive date _____

b. Declined cover.

Has any Insurer ever:

- Declined a proposal or renewal for this Person / Firm? Yes / No
- Required an increased premium or imposed special terms? Yes / No
- Cancelled a policy of Insurance? Yes / No

c. Claims Experience.

- Have any claims been made against the Firm or Employee or any Principal in the last 5 years arising from the professional services you currently perform and where you held similar cover to the cover which is being applied for now? Yes / No

o If Yes, please provide us with details below (please make use of a separate sheet).



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12. 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 want to know if you have implemented the following: -

i. General Risk Management	
a. Do you utilize any legal risk management services? If Yes, please provide details in the space provided below.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
b. Have there been any material changes or are any material changes planned in respect of the business or constitution? If Yes, please provide details below.	Yes <input type="checkbox"/> / No <input type="checkbox"/>
c. Indicate in approximate % terms how often you limit your liability, IN WRITING?	%
ii. 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"/>
iii. 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"/>

Please provide detailed info.



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13. Your own Risk Assessment.

- What have you determined as your top three risk areas in relation to the professional services you render which could lead to a claim under the Professional Indemnity.

i) _____

ii) _____

iii) _____

14. PART A – Professional Indemnity Insurance Section.

(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.)

Cover Required: Limit R _____ Deductible R _____

15. PART B - 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.

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

i. If Yes what the Renewal date? _____

ii. is the retroactive date: _____

iii. Limit of Liability _____

iv. Deductible/First Amount Payable _____

b. If you do not currently have cover, please confirm what:

Limit if Liability you require R _____ Deductible R _____

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

d. 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

e. Has the insured ever had any proposal or renewal for public liability declined or had cover cancelled by insurers?

Yes / No

f. 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

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

16. PART C - Cyber Insurance (Please let us know should you require this cover).

(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).



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17. PART D – Third Party Impersonation Fraud Cover (Please let us know should you require this cover).

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

- a. *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*
 - b. *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.*

18. PART E – 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).

Cover Required: Limit R _____ Deductible 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

PART F – Directors and Officers cover (Please let us know should you require this cover).

D&O provides coverage for a company and its management, protecting them from claims arising from their decisions and actions.



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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 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.

Your signature	Date
Designation	Your name & surname

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.

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.



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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.

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