



# LEPPARD

## *Proposal Form*

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Underwritten by Lombard Insurance Company Limited,  
an Authorised Financial Services Provider (FSP 1596).

**PROFESSIONAL INDEMNITY  
PROPOSAL FORM  
FOR  
ANNUAL DESIGN AND CONSTRUCT**

**We are your Underwriters:**

LEPPARD & ASSOCIATES (PTY) LTD

13 Baker Street  
Rosebank 2196  
Johannesburg  
South Africa

Registration No. 1991/002788/07  
Vat No. 4270124466  
FSB Licence No. 274

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Houghton  
2041

Telephone No. +27 11 459 1640  
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Website: [www.leppard.co.za](http://www.leppard.co.za)

**We are your Insurers:**

Lombard Insurance Company Limited  
Ground Floor, Block C, Sunnyside Office Park, 2 Carse O’Gowrie Road, Parktown 2193, Johannesburg

- \* For accurate assessment of your liability and to avoid any delay with the Quote, please answer all the following questions with: **Relevant details, “YES”, “NO” or “NIL”**
- \* Please ensure that you complete the current year’s Proposal Form. Completion of the form does not bind the Proposer or Insurers to complete the Insurance transaction
- \* Any change in risk or claim or claim circumstance occurring between the date of this proposal and the renewal or inception date of the policy must be advised to Underwriters.
- \* If this proposal is being completed for the renewal of an existing Leppard and Associates (Pty) Ltd policy, please remember that cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension is requested and has been granted from Underwriters or renewal terms have been accepted by you in writing.
- \* Claims Made Policy means:
  1. Cover is in respect of claims made against you or circumstances that you become aware of that may give rise to a claim on or after the retroactive date and advised by you to Insurers as soon as practicable.
  2. The retroactive date is the date inserted into the policy in terms of which claims arising out of work done prior to this date are excluded from cover.

1. (a) **Name(s) of the Company or Firm and Subsidiaries:**

.....  
 .....

(b) **Address of the Company or Firm: (If more than one, give each address)**

.....  
 .....

(c) **When was the Company or Firm established?** .....

(d) **Registration Numbers (i) Company** .....

**(ii) VAT** .....

2. **Phone Number**.....**Fax Number** .....

**E-mail address** .....**Web Site** .....

3. **Professional Bodies** (please provide details of any Professional or Regulatory Bodies that you are a member of)

.....  
 .....

4. (a) **Detailed Business Description** .....

.....  
 .....

(b) **Please give an approximate percentage split of the disciplines within your Design and Consulting Department:**

|                        |   |                        |       |
|------------------------|---|------------------------|-------|
| Architectural          | % | Chemical Engineering   | %     |
| Civil Engineering      | % | Soil Engineering       | %     |
| Structural Engineering | % | Nuclear Engineering    | %     |
| Surveying (i) Land     | % | Mechanical Engineering | %     |
| (ii) Quantity          | % | Other:                 | %     |
| Electrical Engineering | % | TOTAL                  | 100 % |

**IF YOU HAVE A BROCHURE ABOUT YOUR COMPANY'S OR FIRM'S OPERATION(S), PLEASE FORWARD IT WITH THIS PROPOSAL FORM.**

**(c) Division of Work Checklist**

(i) Please indicate the approximate percentage by value of the total work of the Design and Consulting Department according to type:

|              |  | Approximate Percentage<br>(If none, state "NONE") |                 |
|--------------|--|---|-----------------|
|              |  | Permanent Structures                              | Temporary Works |
| 1.           | Feasibility studies, reports, surveys etc                                    | %   | %               |
| 2.           | Soil/Sub-surface testing   | %   | %               |
| 3.           | Foundation/Underpinning/Piling   | %   | %               |
| 4.           | Heating, Ventilating, Air Conditioning                                       | %   | %               |
| 5.           | Sewage/Water Schemes   | %   | %               |
| 6.           | Dams/Harbours/Jetties/Sea Defence  | %   | %               |
| 7.           | Chemical/Petro-Chemical/Nuclear/Atomic projects                              | %   | %               |
| 8.           | Tunnels/Mines  | %   | %               |
| 9.           | Bridges/Overpasses/Underpasses   | %   | %               |
| 10.          | Mechanical Plant/Bulk Handling/Equipment/Silos, etc                          | %   | %               |
| 11.          | High Rise Buildings i.e. Offices/Homes/other                                 | %   | %               |
| 12.          | Low Rise Housing Schemes   | %   | %               |
| 13.          | Schools/Hospitals/Other Municipal Buildings not Included above               | %   | %               |
| 14.          | Industrial Plant and Systems not included above                              | %   | %               |
| 15.          | Industrial Buildings not included above                                      | %   | %               |
| 16.          | Any other work including specialist activities not detailed above (Specify): | %   | %               |
| <b>TOTAL</b> |  | <b>100 %</b>                                      | <b>100 %</b>    |

(ii) Add a statement here of the type of work normally carried out, whether consisting of well established techniques or of the nature of the new and original thought developments, processes or designs.

.....  
 .....

(iii) State whether and what licensing or similar agreements are in force and the degree to which supervision of them is exercised by associates.

.....  
 .....

**5. Staff Details**

|       |  |                                    |  |           |
|-------|--|------------------------------------|--|-----------|
| (a)   | Names of Principals and Senior Members of Staff  | Qualifications and Dates Qualified | Title of Position and Length of time as such |           |
|       |  |                                    |  |           |
|       |  |                                    |  |           |
|       |  |                                    |  |           |
|       |  |                                    |  |           |
|       |  |                                    |  |           |
|       |  |                                    |  |           |
| (b)   | Number of Staff                                  |                                    | Based in the RSA                             | Elsewhere |
|       |  |                                    |  |           |
| (i)   | Principal and Senior Qualified Members as listed |                                    |  |           |
| (ii)  | Other Qualified Staff                            |                                    |  |           |
| (iii) | Other Technical Staff                            |                                    |  |           |
| (iv)  | Clerical, Typist, Other                          |                                    |  |           |
|       | Total  |                                    |  |           |

(c) Do you use independent specialist consultants? YES / NO  
 (if "YES" please give details)

.....  
 .....

(d) Are any persons ever hired from outside agencies on a short-term basis? YES / NO  
 (if "YES" please give details)

.....  
 .....

**6. Have any claims been made against the proposed Insured Partners, Directors or Employees which will be covered under a policy for which you are now applying e.g. Loss of Documents, Defamation / Injuria or Professional Negligence?**

YES / NO

If "YES", please give full details or attach a statement.

.....  
 .....

7. **Are any of the proposed Insured Partners, Directors 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 that policy?**

YES / NO

If "YES", please give full details or attach a statement.

.....  
 .....  
 .....

8. **Are you at present or have you in the past been insured: If so please state:**

| PERIOD | INSURERS | LIMITS | EXCESS |
|--------|----------|--------|--------|
|        |          |        |        |
|        |          |        |        |
|        |          |        |        |
|        |          |        |        |

Has any Proposal for similar insurance made on behalf of the Company or Firm, any predecessors in business or present directors or partners ever been declined or has any such insurance ever been cancelled, or renewal refused?

YES / NO

If "YES", please give details.

.....  
 .....  
 .....

9. **The Term**

"CONSTRUCTION" includes installation, manufacture, repair, dismantling and the like, and the term

"DESIGN AND CONSULTING SERVICES" includes all activities of a similar nature such as drawing up specifications, supervision or implementation of design and specifications, project management of the structural, manufacturing, installation or repair projects.

Please give the following values:

|  | During the Past Financial year |           | Estimate for the Current Financial year |           |
|--|--------------------------------|-----------|---|-----------|
|  | In the RSA                     | Elsewhere | In the RSA                              | Elsewhere |
| (a) Final value of <b>All</b> your contracts                       |                                |           |   |           |
| (i) In progress  | R                              | R         | R                                       | R         |
| (ii) Completed or to be completed in the respective Financial Year | R                              | R         | R                                       | R         |
| Totals of <b>All</b> your contracts                                | R                              | R         | R                                       | R         |

(b) Please split the Totals of **All** your contracts into FINAL value contracts **IN WHICH YOU PARTICIPATE**

|   |   |   |   |   |
|---|---|---|---|---|
| (i) Construction only                                     | R | R | R | R |
| (ii) Design & Consulting Services as well as Construction | R | R | R | R |
| (iii) Design & Construction Services only                 | R | R | R | R |
| Totals of ALL contracts                                   | R | R | R | R |

(c) **ANNUAL TURNOVER**

|                       | During the Past Financial year |           | Estimate for the Current Financial year |           |
|-----------------------|--------------------------------|-----------|---|-----------|
|                       | In the RSA                     | Elsewhere | In the RSA                              | Elsewhere |
|                       | R                              | R         | R                                       | R         |
| TOTAL RSA / ELSEWHERE | R                              |           | R                                       |           |

10. **Fees**

Please give details of notional or actual fees developed by the Design and Consulting Department

|   | During the Past Financial year |           | Estimate for the Current Financial year |           |
|---|--------------------------------|-----------|---|-----------|
|   | In the RSA                     | Elsewhere | In the RSA                              | Elsewhere |
| (a) Where firm constructs own Design by this department   | R                              | R         | R                                       | R         |
| (b) Where Design and Consulting services are performed for others and the firm does no construction | R                              | R         | R                                       | R         |
| TOTAL FEES  | R                              | R         | R                                       | R         |

(c) Are these based on normal accepted professional scales?

YES / NO

If "NO", how are the fees established? .....

.....

**11. Details of the Design and Consulting Department**

Does your Design and Consulting Department operate as a separate entity and are the actual fees charged in each contract? YES / NO

If "NO", then:

(a) What method is used to determine a notional fee for each contract?

.....  
 .....

(b) How do you identify and define the Design and Consulting Department for which insurance coverage is now sought?

.....  
 .....

**12. Are you financially associated with any other Company or Firm?** YES / NO

If "YES", please give details

.....  
 .....

**13. During the past five years, has the name of the Company or Firm been changed or has any other Business been purchased or any Merger or Consolidation taken place?** YES / NO

If "YES", please give details:

.....  
 .....

**14. List the countries in which you provide Design and Consulting services**

| Country | Approximate percentage of total Design and Consulting Services by Value | Services solely provided from your offices in the R.S.A. |
|---------|---|--|
|         | %   | YES / NO   |
|         | %   | YES / NO   |
|         | %   | YES / NO   |
|         | %   | YES / NO   |



**15. Details of recent large contracts**

(a) Please give details of the seven largest contracts commenced during the last five years where the Design and Consulting Department has been involved:

| Date Started | Name and Type of Project | Services Performed | Total Contract Value | Estimated Date of Completion |
|--------------|--------------------------|--------------------|----------------------|------------------------------|
|              |                          |                    |                      |                              |
|              |                          |                    |                      |                              |
|              |                          |                    |                      |                              |
|              |                          |                    |                      |                              |
|              |                          |                    |                      |                              |
|              |                          |                    |                      |                              |

(b) Give details of any major new operation being undertaken during the next 12 (twelve) months:

.....  
 .....

**16. Please provide any further details of the functions of your Design and Consulting Department that may be of interest to Underwriters:**

.....  
 .....

**17. Is the work of all Subsidiary Companies and/or Departments/ Sections checked by Head Office? YES / NO**

If "YES", Please give details:

.....  
 .....

**18. Does your firm ever work in consortium (i.e. in a separate legal entity) with other persons, Firms or Companies in respect of Design and Consulting Services for a single project: YES / NO**

If "YES", please give details:

.....  
 .....

*It is a condition of the Policy that no such "consortium" activities are insured. A special Policy has to be applied for in each specific case.*

19. **What are the indemnity options required (inclusive of costs and expenses)?**

R ..... R..... R.....

20. **What is the amount of the Excess which your firm would be prepared to carry in respect of each claim (subject to the minimum)?**

R ..... Each and Every Claim.

21. **Material Information**

This form has prompted you to provide certain information. There may be additional material information which is specific to your business profile and which has not been provided above. This material information should be declared to us separately.

Material information means any information which might influence our judgment in accepting your risk. If you wilfully suppress or conceal or fail to disclose material information this could affect indemnity. Disclosing information will also allow us to assess your risk positively which could lead to significantly improved policy terms.

22. **Declaration**

I/we hereby declare that the above statements and particulars are true and complete and that at the present time, other than as stated above, I/we have no reason to anticipate any claim being brought against me/us that would constitute a claim under the insurance now being requested.

I/we agree that this proposal and declaration, together with any other material information supplied by me/us shall be the basis of the contract between me/us and Insurers. I/we undertake to inform Insurers at all times of any material changes to the risk.

.....  
**Full name of signatory**

.....  
**Date**

.....  
**Authorised signatory of the Proposer**

