



PROFESSIONAL INDEMNITY AND PUBLIC LIABILITY PROPOSAL FORM
FOR
MISCELLANEOUS PROFESSIONALS

We are your Underwriters on behalf of Lombard Insurance Company Limited:

LEPPARD & ASSOCIATES (PTY) LTD

The Conservatory
Cnr Baker St & Keyes Ave
Rosebank 2196
Johannesburg
South Africa

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

PO Box 2730
Houghton
2041

Telephone No. +27 11 459 1640
E-mail: liability@leppard.co.za
Website: www.leppard.co.za

We are your Insurers:

Lombard Insurance Company Limited
4th Floor, 22 Wellington Road, Parktown 2193, Johannesburg
Registration No. 1990/001253/06
Vat No. 4360121331
FSP Licence No. 1596

- * 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 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 Insurers.
- * If this proposal is being completed for the renewal of an existing 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 Insurers 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.
 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.

DEDUCTIBLE BUYDOWN

Do you warrant that you have not currently purchased and will not purchase a policy covering, partially or in whole, the deductible under this policy? This is **Material Information** for underwriting purposes.

YES / NO

WHO ARE YOU?

1. **Name of Firm** (Your legal entity - please be accurate - to be used on your policy contract)

2. **Postal Address**.....
3. **Physical Address of Principal Firm/Office**

4. **Subsidiary Firms and Offices** (provide name, city and country)

5. **Phone Number**..... **Fax Number**
6. **E-mail address** **Web Site**
7. **Registration Numbers (a) Company** **(b) VAT**
8. **Date of Commencement of Firm**
9. **Professional Bodies**
 (please provide details of any Professional or Regulatory Bodies that you are a member of)

YOUR STAFF RESOURCES AND SKILLS

10. **Number of:** (a) Principals, Directors (b) Professional / Qualified Staff
- (c) Others (d) Total

11. **Principals: names, academic qualifications and experience (this and previous Firms)**

Name	Qualifications/University/Institution	Date qualified	No. of years experience

12. **Have you attached your Curriculum Vitae where available?** YES / NO

WHAT YOU DO – YOUR SERVICES

13. **Business description** (please be accurate – your insurance contract is based on this information)

14. **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%)

	%		%
	%		%
	%		%
	%	TOTAL	100%

(b) please provide copies of any Brochures, Leaflets etc describing the Firm’s Activities/Services

15. **Your work outside the Republic of South Africa**

(a) Do you undertake any work whatsoever outside the RSA or where the “end product” of any work is carried out in territories other than South Africa? YES / NO

If YES, please advise:

Country	Approximate percentage of fees

(b) If **USA/Canada** is advised above and cover is required, refer to Question 31 below.

(c) **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

16. **Joint Venture(s) Contracts:** If cover is required, refer to Question 29 below.

Are you involved in any contract where you have agreed with others to **jointly provide the services as detailed under Questions 13 -15 above?** YES / NO

Note: The Leppard Underwriting Policy provides cover for the extent of liability devolving upon you arising out of the services you perform **provided (a) you declare the fees you earn in the Financial Declaration Question below and (b) the following detail for each Joint Venture Contract is advised:**

(a) Name of Contract

(a) Type of Contract

(b) Capacity of other members/partners

.....

YOUR RISK MANAGEMENT

17. Your business / constitution of the Firm

Have there been any material changes or are any material changes planned in respect of the business or constitution? If YES, please advise full details: YES / NO

.....

18. Your quality and risk management

18.1 Do you have a FORMAL ongoing staff training programme? YES / NO

18.2 Does your Firm apply a FORMAL Quality and Risk Management System ?
 If YES, please provide an overview and confirm whether it is subject to an external review process OR if NO, please explain why not: YES / NO

.....

18.3 Does the Firm have a DEDICATED individual responsible for Risk Management and Quality Control? YES / NO

If YES, Name..... Position.....

18.4 Does the Firm utilise any legal risk management service? If YES, please advise full details: YES / NO

.....

18.5 When Independent or Specialist Consultants or Contractors are required, do you ALWAYS ensure that their appointment is made directly by your client? If NO, YES / NO

(a) in approximate % terms how often do you ensure this occurs? %

(b) does the firm require that they carry their own insurance? YES / NO

(c) what percentage of the Firm's Fees is paid to them? %

18.6 Does the Firm use a standard form of contract, agreement or letter of appointment? YES / NO

18.7 Indicate in approximate % terms how often you limit your liability, IN WRITING? %

YOUR OWN RISK ASSESSMENT

19. 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 Policy?

.....

YOUR CLAIMS AND INSURANCE HISTORY

20. Your current / previous claims (past five years)

- 20.1 Have you during the past 5 years had a claim made against you for damages, whether insured or not, arising out of activities / services you have performed? YES / NO
- 20.2 Are you aware, AFTER ENQUIRY, of any circumstances that may give rise to a claim being made against you for damages, whether insured or not, arising out of activities / services you have performed? YES / NO
- 20.3 Has any current or past employee been detected, suspected or convicted of any misappropriation of money or goods? YES / NO

If YES, to any question, please advise full factual details, on a separate page, confirming when the claim or circumstance arose, describing the circumstances of the claim, the values involved and the present status of the claim or circumstance. Please do not express any view as to whether or not you have a liability in respect of any matter not settled.

21. Your current / previous insurance

In respect of your Professional Indemnity, has any Insurer ever:

- 21.1 Declined to provide you or any of your principals an insurance policy? YES / NO
- 21.2 Imposed special terms? YES / NO
- 21.3 Cancelled an insurance policy? YES / NO

If YES to any of the above, please advise full details:

.....

.....

YOUR FINANCIAL DECLARATION

22. Your Fee Income

Please provide your audited or equivalent figures as at your financial year end, excluding VAT and reimbursable costs.

ESTABLISHED BUSINESSES MAY BE ASKED TO PROVIDE A COPY OF THE LAST AUDITED FINANCIALS

	PREVIOUS Financial Year	LAST Financial Year	ESTIMATED PRESENT Financial Year
Year end date			
Fees excluding Joint Venture fees	R	R	R
Joint Venture fees	R	R	R
Total Fees	R	R	R
Less: Fees paid to sub-consultants	R	R	R
NET FINANCIAL YEAR END FEES	R	R	R

COVER YOU REQUIRE

23. Your current insurance cover

23.1 Are you currently insured? YES / NO []

If YES and in order for us to provide continuity of insurance cover please attach a copy of your current policy and/or schedule.

24. Your Quotation required

24.1 Limit of Indemnity options inclusive of costs and expenses
R R R

24.2 If you are NOT currently insured do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance (retro-active cover) at an additional premium? YES / NO []

If YES, kindly indicate the number of years (maximum 3 years) NO. OF YEARS []

SUMMARY OF COVER

25. Your legal liability to pay Compensation to a Third Party arising out of Your Business including Costs and Expenses.

OPTIONAL EXTENSIONS OF COVER

These Extensions MAY be available. Please indicate those required.

26. Documents: costs of restoring or replacing your own or Third Party documents accidentally damaged, lost or stolen. YES / NO []

27. Fee Recovery: legal costs incurred by you to recover fees due to you. YES / NO []

28. Statutory Defence Costs: legal costs incurred in the defence of any criminal prosecution for alleged breach of any statute. YES / NO []

29. Joint Venture: cover for the extent of liability devolving upon you arising out of the services you perform with others. YES / NO []

30. Employee Fraud: theft of money and property belonging to you by employees. YES / NO []

31. USA/Canada: claims or legal proceedings made against you within these countries. YES / NO []

32. Cyber Liability: legal liability as a result of the unauthorised, malicious or fraudulent act of a Third Party who accesses your computer system. YES / NO []

33. Money & Property Liability: legal liability as a result of theft or malicious destruction committed by an Employee. YES / NO []

34. Regulatory Enquiry Expenses: legal costs incurred for the representation or defence in any Regulatory Enquiry. YES / NO []

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.

YOUR 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.

.....
Authorised signatory of the Proposer

.....
Full name of signatory

.....
Position in Firm

.....
Date

If you are interested in Directors & Officers cover, please complete the below section, and return to us, together with a copy of your latest audited financial statements for our underwriting review

DIRECTORS & OFFICERS: PROPOSAL FORM

Years entity has traded (uninterrupted):

Retroactive Date (if applicable):

SUBSIDIARY INFORMATION

If not already completed in main section.

Name of Company:

Registration Number:

Name of Company:

Registration Number:

RISK QUESTIONS

Please confirm that the following statements are **TRUE**, by ticking the box.

EACH company named above:

1. **IS** a Private Company.
2. **IS** domiciled in South Africa.
3. **HAS** an MOI that prohibits it from offering any of its securities to the public.
4. **HAS** the same or similar business objective in terms of its products or services.
5. **IS NOT**;
 - a. a Bank or Deposit taking Institution,
 - b. a business providing Proprietary Investments Products and Services,
 - c. an Insurance or Reinsurance business (but excluding insurance intermediaries, advisors, managers and administrators)
 - d. a Hedge Fund, Collective Investment product supplier or equivalent;
 - e. a Stock broker or Stock Exchange.
6. **IS NOT**;
 - a. **applying** for or **considering** any Business Rescue proceeding,
 - b. **contemplating** or facing any litigation,
 - c. **operating** any repayment plan with any creditor.
7. **HAS NOT** had a claim made **NOR AWARE** of any circumstance that could give rise to a claim being made against the company or any director or officer as contemplated in the companies Act 2008.
8. **IS NOT AWARE** of any services or products supplied in any Sanctioned Territory or to any Sanctioned Person as listed by the United Nations, the European Union, the Federal Republic of Germany, the United Kingdom or the United States of America.
9. **HAS NOT** undergone and is **NOT PLANNING** any merger, acquisition, disposal or similar corporate action in the past 24 months or future 24 months.
10. **HAS NEVER** had any application for insurance declined **NOR EVER HAD** any insurance cancelled.

COVER YOU REQUIRE

Limit of Indemnity options:

R

R

YOUR DECLARATION

I/we hereby declare that I am duly authorised representative of

[Empty box for name]

and have the right to make financial declarations and declarations of company information as required by Leppard for Directors and Officers Liability Insurance.

I/we confirm that there is **NO** clause in the entity's/entities' MOI that precludes the company from indemnifying or purchasing insurance in terms of Section 78 of the Companies Act.

I warrant that I have not currently purchased and will not purchase a policy covering, partially or in whole, any deductible that may apply under this policy.

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 at all times of any material changes to the risk.

SIGNED BY:

[Empty box for signature]

DESIGNATION:

[Empty box for designation]

DATE:

[Empty box for date]