

**Liability: Miscellaneous Professional Liability Proposal Form**

**Insured details**

Company name:

Trading as:

Type of business:  Registration:

VAT number:

Full business description:  
(including company operations and activities)

Have you previously traded under a different name? Yes:  No:

If yes, specify name:

**Contact details**

Telephone:  Cellphone:

Email:  Website:

**Physical address**

Street name and number:  City / town:

Province:  Area code:

**Postal address**

P.O. Box number:  City / town:

Province:  Area code:

**Additional information**

Brokerage:  Broker name:

**Insurer information**

Previous / current:  Policy number:

Has an insurer at any time, in respect of the company, it's Directors / Partners / Principle:

Declined your insurances? Yes:  No:  Imposed special terms? Yes:  No:

Refused to renew your policy? Yes:  No:  Cancelled your policy? Yes:  No:

Voided your policy? Yes:  No:

If yes, why and who?

**Quote to be placed on cover, details to be completed by Client**

Quote number:  Inception date:

Quote number:  Inception date:

Initial

**Details of loss / damage in the past 3 years**

Year:

| Date:         | Details of loss or damage: | Amount: |
|---------------|----------------------------|---------|
|               |                            |         |
|               |                            |         |
|               |                            |         |
|               |                            |         |
|               |                            |         |
|               |                            |         |
| <b>Total:</b> |                            |         |

Year:

| Date:         | Details of loss or damage: | Amount: |
|---------------|----------------------------|---------|
|               |                            |         |
|               |                            |         |
|               |                            |         |
|               |                            |         |
|               |                            |         |
|               |                            |         |
| <b>Total:</b> |                            |         |

Year:

| Date:         | Details of loss or damage: | Amount: |
|---------------|----------------------------|---------|
|               |                            |         |
|               |                            |         |
|               |                            |         |
|               |                            |         |
|               |                            |         |
|               |                            |         |
| <b>Total:</b> |                            |         |

| Names of directors / principles: | Qualifications: | Date obtained: | How long a director / principle at company: |
|----------------------------------|-----------------|----------------|---|
|                                  |                 |                |   |
|                                  |                 |                |   |
|                                  |                 |                |   |
|                                  |                 |                |   |
|                                  |                 |                |   |

Please give numbers of:

Managers / qualified staff:  Other staff:

Administrative staff:  Total:

Please give a full description of the Company's activities and indicate the approximate percentage of gross income/fees received from each activity.

Initial

Does the Company perform any work outside Republic of South Africa? Yes:  No:

If yes, give details:

Please give the total annual gross fees received in each of the last three financial years:

| RSA                  | Other African countries | Overseas             |
|----------------------|-------------------------|----------------------|
| <input type="text"/> | <input type="text"/>    | <input type="text"/> |
| <input type="text"/> | <input type="text"/>    | <input type="text"/> |

Estimate for next financial year:  Date of Company's financial year end:

Largest annual fee from client:

Does the Company sub-contract any of its business? Yes:  No:

Does the Company insist that the sub-contractor is adequately insured? Yes:  No:

What percentage of the Company's fees are paid to sub-contractors?

Does the Company or any of its Directors/Partners/Principals have an association with or a financial interest in any other firm or organisation? Yes:  No:

If yes, give details:

Is the Company currently insured? Yes:  No:

If yes, name of insurer:  Excess:

Limit of indemnity:  Expiry date:

Have any claims for professional negligence, error or omission been made against the Company or its Directors/Partners/Principals/Employees? Yes:  No:

If yes, give details:

Are any of the Directors/Partners/Principals/Employees, AFTER ENQUIRY, aware of any circumstances which could give rise to a claim against the Firm or any of its directors/Partners/Principals/Employees? Yes:  No:

If yes, give details:

Limit of indemnity required:

Do you require any of the following extensions?

Defamation:  Dishonesty of Employees:  Loss of Documents:

Unintentional Breach of Copyright:  Unintentional Breach of Confidentiality:

It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence a prudent Insurer's judgment. Failure to disclose could prejudice your rights to indemnity in the event of a claim or cause Insurers to avoid your Policy.

**Declaration**

I / We declare that: I / We will give immediate notice to the insurer of any alteration of the risk herein submitted. I / We have not concealed any material facts which should be communicated to the insurer and agree that all information supplied by me is true and correct, and I / we understand that should this information ever be proved to be false or untrue, it may lead to the denial of any liability and cancellation of my cover. I / We agree that this proposal form and quote shall be the basis of the contract of insurance hereby applied for. I / We are willing to accept a policy subject to the terms and conditions contained therein and I / we understand that no insurance will be in force until IUM has signified acceptance of this proposal in writing to your broker.

\_\_\_\_\_  
Full name Capacity Date Signature

**Insurance Declaration**

Currently insured? Yes:  No:

If yes, name of Insurer?  Policy number:

Has an Insurer at any time:

Declined your insurance? Yes:  No:  Imposed special terms? Yes:  No:

Refused to renew your policy? Yes:  No:  Cancelled your policy? Yes:  No:

If yes, name of Insurer?  Policy number:

Reason:

I/We declare that the particulars and declarations in this quotation are correct and complete and include all information known to me/us and which concern the risk to be insured, and that this and any other written declaration made by or on behalf of me/us for the sake of the requested insurance will be the foundation of, and will be incorporated in the agreement between me/us and Insurance Underwriting Managers (Pty) Ltd and that it will be binding. I/We hereby further declare that only those policy sections included in the quotation are required and will apply.

| Full name | Capacity | Date | Signature |
|-----------|----------|------|-----------|
|-----------|----------|------|-----------|

**Debit Order Authority**

Account holder full name:

Name of bank:  Account type:

Branch code:  Name of branch:

Account number:  Payment date: 1st:  7th:  15th:

I/we hereby request and authorise Insurance Underwriting Managers (Pty) Ltd ("IUM") and/or their collection agent(s) to draw against the above-mentioned account (or any other bank or branch whom I/we may transfer my/our Account) the amount necessary for the payment of the monthly premiums due to IUM in respect of the applicable insurance herein in accordance with the above-mentioned information as provided by me/us each consecutive month calculated from the commencement date of the insurance. All future payments and withdrawals from my/our bank shall be treated as though they had been signed by me/us personally.

I/we agree and/or accept the following to be applicable hereto:

- That all withdrawals herein will be processed via a computer system known as ACB magnetic tape service, and furthermore understand and accept that the details of each withdrawal will be printed on my/our bank account statement or on an accompanying voucher (if applicable).
- To pay any bank charges relating to this debit order instruction.
- Should the debit order collection date fall on a weekend or RSA public holiday, such withdrawal/payment will be executed the next ordinary business day thereafter.
- This authority may be either cancelled by me/us or IUM by giving 30 (thirty) days written notice; however I/we shall not be entitled to any refund of amounts which IUM and/or their collection agent(s) have withdrawn while this authority was in force if such amounts are legally owing to IUM.
- To authorise IUM and/or their collection agent(s) to deposit directly to the above-mentioned account, any amount/s which may be legally owing to me/us for whatever reason either in respect of any refund premiums of any amounts due to me/us in settlement of any claim.
- The amount debited may vary from time to time in order to reflect any changes in cover, risk, sums insured and/or applicable premium rates as determined by IUM.

| Full name | Capacity | Date | Signature |
|-----------|----------|------|-----------|
|-----------|----------|------|-----------|