



MARSH VIKELA



<b>Admiral Professional Underwriting Agency</b> 29 Queens Road Parktown  P O Box 72057 Parkview, 2122  Tel: 011 532-2800 Fax: 011 532-2801	<b>Marsh Vikela South Africa (Pty) Ltd</b> 88 Grayston Drive Sandton  Private Bag X14 Benmore, 2010  Tel: 27 11 506-5000 Fax: 27 11 506-5250	<b>Engineering Council of South Africa</b> 1 <sup>st</sup> Floor Waterview Corner 2 Ernest Oppenheimer Avenue Bruma  Private Bag X691 Bruma, Johannesburg, 2026  Tel: 011 607-9500 Fax: 011 622-9295
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**PROFESSIONAL INDEMNITY PROPOSAL FORM  
PERSONS REGISTERED WITH THE  
ENGINEERING COUNCIL OF SOUTH AFRICA**

MARSH VIKELA

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1. **NAME OF INSURED**

- 1.1 Name of Insured / Practice \_\_\_\_\_
- 1.2 Name of contact person \_\_\_\_\_
- 1.2 Telephone Number \_\_\_\_\_
- 1.3 Fax Number \_\_\_\_\_
- 1.4 E-Mail Address \_\_\_\_\_
- 1.5 Registration Number \_\_\_\_\_
- 1.6 Present Legal Constitution (Mark relevant box below)

Sole Practitioner 
 Partnership 
 Incorporated Company 
 Limited Company 
 Close Corporation

2. **ADDRESSES OF PRACTICE**

Principal Office: Name of Person in charge			
Other Office/s: Name of Person in charge			
		<b>PHYSICAL ADDRESS</b>	<b>POSTAL ADDRESS</b>
2.1	Principal Office		
2.2	Subsidiary Office		

3. **STAFF COMPLEMENT**

a)	Partners / Principals / Directors	
b)	Qualified Staff	
c)	Draughtsmen	
d)	Trainee Staff	
e)	Other Technical Staff	
f)	All other staff	
	<b>Total Complement</b>	

**4. FEE INCOME**

*(This question must be completed accurately as the figures are used for rating purposes)*

a) **Please give gross fees received during the past five years:**

YEAR	GROSS FEES	YEAR	GROSS FEES
2001	R	2004	R
2002	R	2005	R
2003	R	2006	R

b) **Please give the estimated fees for the coming 12 months.** R \_\_\_\_\_

c) **DISCIPLINE IN WHICH ENGAGED**

In the case of multi-disciplinary practices please show the percentage of total fees attributable to each profession.

*(Please be specific, e.g. Consulting Engineers - should distinguish between Civil, Structural, Mechanical, Electrical, Hydraulic, Ventilation and other activities).*

DISCIPLINE	PERCENT OF FEE	
	LOCAL	OVERSEAS

d) **Are you or will you be engaging in any activities directly or indirectly related to the Gautrain project? If so, please provide details.**

\_\_\_\_\_

\_\_\_\_\_

**5. PROFESSIONAL / BUSINESS RELATIONSHIPS**

a) Does the Practice or any Partner / Principal / Director have any association with or financial interest in any other Practice / Company / Organisation?

YES  NO

*If YES; please give full details or*

b) Does the practice or any Partner / Principal / Director engage with/have a financial interest in/have an association with, any other practice or person in a Single Project Partnership?

YES  NO

*If YES; please give full details or*

c) Is the Practice or any Partner / Principal / Director a member of a Consortium or Group Practice?

YES  NO

*If YES; please give full 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 of any such association that may be entered into during the contract subsistence of the Insurance contract.*

**6. NAMES AND QUALIFICATIONS OF PRINCIPALS**

- i) In the case of Partnerships - Partners
- ii) In the case of Incorporated Companies - Directors
- iii) In the case of Limited Companies - Professionally qualified Directors and Employees
- iv) In the case of Close Corporations - Members

Name	Qualifications	Date Qualified	How long Principal in this Practice

**7. 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?**

YES  NO

If YES; please give details.

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**8. Are any of the Proposed Insured / Partners / Directors / Members 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 them?**

YES  NO

If YES; please give full details (attach page to the back if necessary).

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9. Are you at present or have you in the past been Insured? YES  NO

If YES; please state:

- a) Current Indemnity Limit R\_\_\_\_\_
- Excess of R\_\_\_\_\_ applicable to each and every claim.

10. In respect of this Proposal

- a) Indemnity Limit required (R1m, R2m, R3m, R4m or R5m) R\_\_\_\_\_
- b) Do you require cover to be automatically reinstated following a loss:

1 X Reinstatement	<input type="checkbox"/>	2 X Reinstatement	<input type="checkbox"/>
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- c) Retro date, if cover required \_\_\_\_\_
- d) Deductible is R10 000. Do you require an increased Deductible at discounted premium?

YES / NO	R20 000	<input type="checkbox"/>	R30 000	<input type="checkbox"/>
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11. For the type of Insurance now being proposed, has any Insurer ever:

Declined Proposal or renewal for this Practice or any Partner / Principal? YES  NO

Required an increased premium or imposed special terms? YES  NO

Cancelled an Insurance Contract? YES  NO

If any answer is YES; please give full details.


12. When independent or specialist consultants are required for services, do you

- a) Ensure that they have PI Insurance in place YES  NO
- b) Maintain all rights of recourse against said consultant YES  NO

The Company must be informed whenever a client requires that you engage or employ consultants.

The following Extensions of cover are available at an additional premium. Please indicate whether you would like quotations.

EXTENSIONS	ADDITIONAL PREMIUM	YES	NO
a) Employee Dishonesty b) Fee Recovery c) Loss of Documents	} } 15% with a min premium of R350 to } R650 depending on Indemnity Limit		
<u>Retro-active</u> cover inception, unless proof on continuous cover provided or: a) 1 Year b) 2 Years c) 3 Years	a) 10% Additional Premium b) 15% Additional Premium c) 20% Additional Premium		
Computer Crime	10% Additional Premium		
Public Liability	Excess is R5,000		

### DECLARATION

I/We hereby declare that the above statements and particulars contained in this Proposal are true and complete, that at the present time, other than as stated, I/We have no reason to anticipate any claim under the insurance now being requested. I/We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers.

DATE: \_\_\_\_\_

SIGNATURE OF PROPOSER \_\_\_\_\_

**NB :** IF THIS PROPOSAL IS BEING COMPLETED FOR THE RENEWAL OF AN EXISTING ADMIRAL POLICY, PLEASE REMEMBER COVER LAPSES AUTOMATICALLY AT MIDNIGHT ON THE LAST DAY OF YOUR EXPIRING POLICY, UNLESS A WRITTEN EXTENSION NOT LONGER THAN 10 DAYS IS REQUESTED AND HAS BEEN GRANTED FROM UNDERWRITERS, OR RENEWAL TERMS HAVE BEEN ACCEPTED.