

PROPOSAL FORM

PROFESSIONAL INDEMNITY

PROPERTY VALUERS

PLEASE NOTE:

- Answer all questions in full to assist underwriters in assessing your risk.
- Details in this proposal form shall form part of any subsequent insurance contract concluded between the Proposer and the Insurer.
- Completion of this proposal form does not bind the Proposer nor the Insurer to complete this insurance transaction.

PART 1

PROPOSER DETAILS

(Compulsory fields indicated with an *)

*Insured name:

Please provide or attach details of all subsidiary companies:

*Business Reg / ID No:

*Email Address:

*Website / Business Page:

*Tel No:

To which association are you member:

Membership number:

Vat Registration No:

*Physical Address:

Postal Address:

*Present Legal Constitution (Mark relevant box below)

Sole Practitioner

Partnership

Incorporated

Limited

Close Corporation

DATE OF COMMENCEMENT OF PRACTICE

*As Currently Constituted:

As Initially Established:

*DETAILED BUSINESS DESCRIPTION

*NAMES AND QUALIFICATIONS OF PRINCIPALS

1. In the case of Partnerships - Partners

2. In the case of Incorporated - Directors

3. In the case of Close Corporations - Members

4. In the case of Ltd Companies - Professionally qualified Directors and Employees

Name

Qualification

Date Qualified

How long in practice:

*CLAIMS INFORMATION

Give details of all claims or incidents that could lead to a claim made against the Proposal over the last 3 years:

Date of Claim

Description

Is the Proposer 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 provide full details:

BUSINESS PREMISES

Situation of Premises and activities undertaken from such premises

Should the space provided not be sufficient, kindly attach a separate list

Situation of Premises

Activities

PAST ACTIVITIES Companies sold and business activities discontinued in the past 5 years

Name of Company Sold	Date of Sale	Activity
Activities Discontinued	Date of Discontinuation	Activity

PART 2

*STAFF COMPLEMENT

Partners / Principals / Directors		Professional Assistants	
Interns / Clerks		All Other Staff	
Total Staff Count			

Please provide the following details in respect of business conducted outside of South Africa:

Do you or your firm do any business for your clients in the USA, Canada or Australia? YES NO

Does the firm or any Partner, Director, etc. own any assets in the USA, Canada or Australia? YES NO

If yes; please provide full details:

CO-OPERATION / PARTNERSHIP ARRANGEMENTS

Do you have any co-operation / partnership arrangements with other firms? YES NO

If Yes, do these firms carry out work in the name of your firm or vice-versa? YES NO

Does the other firm have a similar professional indemnity policy? YES NO

If Yes, for what limit of indemnity?

VERY IMPORTANT! If they carry out work in your name, please submit a declaration from them whereby they confirm that, after enquiry, they are not aware of any circumstances which may result in any claim being made in connection with work undertaken on your behalf.

*FEE INCOME - AS AT THE PRACTICE'S FINANCIAL YEAR END

Please provide gross fees received during the past five years:

Year:	Gross Fees:	Year:	Gross Fees:
20 (Current Year)	R/N\$	20	R/N\$
20	R/N\$	20	R/N\$

PLEASE NOTE: This question must be completed accurately as the figures are used for rating purposes.

*DISCIPLINE(S) IN WHICH ENGAGED

Please list the approximate percentage of estimated gross income occurring from various activities.

1.	%	5.	%
2.	%	6.	%
3.	%	7.	%
4.	%	8.	%

*LIMITS OF INDEMNITY REQUIRED

(Please note: Without this information no quote can be provided)

Limit of Indemnity:	Excess:
Alternative Limit 1:	Excess:
Alternative Limit 2:	Excess:

OPTIONAL COVER

Do you require cover for the following extensions at an additional premium?

Type of cover	Indemnity Limit	Monthly Premium	Indicate if cover is elected	
Cyber Liability	R/N\$ 2,500,000	R/N\$ 125.00	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Directors and Officers	R/N\$ 2,500,000	R/N\$ 125.00	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Employers Liability	Follow main limit of indemnity	R/N\$ 35.00	YES <input type="checkbox"/>	NO <input type="checkbox"/>

OPTIONAL EXTENSIONS

Fee Recovery	Limited as per schedule	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Joint Venture and /or Consortium Agreements

Included in limit of indemnity

YES

NO

Second Reinstatement of Limit of Indemnity

Reinstatement of Limit of indemnity

YES

NO

AUTOMATICALLY INCLUDED COVER AND EXTENSIONS

Breach of Confidentiality

Limited as per schedule

Included in Premium

Breach of Copyright

Limited as per schedule

Included in Premium

Claims Preparation Costs

Limited as per schedule

Included in Premium

Computer Crime

Limited as per schedule

Included in Premium

Criminal and Statutory Defence Costs

Limited as per schedule

Included in Premium

Defamation

Limited as per schedule

Included in Premium

Fidelity Guarantee

Limit required:

Included in Premium

Fines and Penalties

Limited as per schedule

Included in Premium

Liability following Employee Misappropriation

Limited as per schedule

Included in Premium

Liability following Loss of Documents

Limited as per schedule

Included in Premium

Mergers or Acquisitions

Included in limit of indemnity

Included in Premium

One Automatic Reinstatement of Limit of Indemnity

Reinstatement of Limit of indemnity

Included in Premium

Sub-Contracted Duties

Included in limit of indemnity

Included in Premium

Support staff

Included in limit of indemnity

Included in Premium

Public Liability

Limited as per schedule

Included in Premium

Product Liability

Limit required:

Included in Premium

Wrongful Arrest

Limited as per schedule

Included in Premium

DECLARATION

- ▶ I/We hereby declare that at the time of completing the above particulars contained in this proposal, details are true and complete.
- ▶ I/We have no reason to anticipate any claim and are not aware of any possible incidents that may lead to a claim being reported under the insurance now being requested.
- ▶ I/We agree that this proposal together with all other information supplied by me / us, shall form the basis of any contract of insurance effected thereon, and shall be incorporated therein.
- ▶ I/We undertake to inform the company of any material alteration to these facts, whether occurring before or after completion of the contract of insurance

Signed at:

on 20 by

Signature:

CONTACT INFORMATION

RSUM (PTY) Ltd
Directors: BP Marais,
JC Marais (CA) SA
Reg no: 2020/448716/07
FSP no. 51113

Physical Address:
Main Road 70
Paarl
Western Cape
7646

Our Insurer:
Western National Insurance Company Limited (South Africa)
Tyger Waterfront, Charl Cronje Drive, Bellville 7535
Juristic Representative under FSP9465

