



CGIB (Pty) Ltd

An Authorised Financial Service Provider

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FSB Number : 45121

Design and Construct Professional Indemnity Proposal Form

1 Broker details

Name of Broker Company	CGIB (Pty) Ltd
FAIS Number	45121
Contact Person	David Agrella
Telephone Number	087 701 0001
Fax Number	086 513 0670

2 Proposer (principal to be insured)

Full Name of Contractor _____

Nature of Business _____

VAT Registration Number _____

Company Registration Number _____

Year when the business was started _____

Postal Address _____

Physical address _____

Telephone Number _____

Fax Number _____

Mobile Number _____

Email Address _____

Website _____

Managing Director/ Member of Company _____

Contact Person for Insurance _____

Contact Person's Telephone Number _____

3 Is cover required for predecessor practices to the Proposer/s?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please provide full details:

Name of Predecessor: _____

Date Commenced: _____

Date Ceased: _____

Reason for Cessation: _____

Name of Predecessor: _____

Date Commenced: _____

Date Ceased: _____

Reason for Cessation: _____

Name of Predecessor: _____

Date Commenced: _____

Date Ceased: _____

Reason for Cessation: _____

4 Details of all current Principles/ Directors including qualifications:

Name in full _____

Qualifications _____

Date Qualified _____

How long as Principle with
Proposer _____

Name in full _____

Qualifications _____

Date Qualified _____

How long as Principle with
Proposer _____

Name in full _____

Qualifications _____

Date Qualified _____

How long as Principle with
Proposer _____

Name in full _____
Qualifications _____
Date Qualified _____
How long as Principle with _____
Proposer _____

5 Is cover required for the previous business activities of any Principle?

Yes
 No

If yes, please provide full details:

Name of Previous Company: _____

Period: From _____
To _____

Fees for Last 3 years: 20_____, R _____
20_____, R _____
20_____, R _____

Reason for Leaving: _____

Position in Company: _____

Is there separate insurance covering the activities of this Firm for the period stated above?

Yes
 No

Name of Previous Company: _____

Period: From _____
To _____

Fees for Last 3 years: 20_____, R _____
20_____, R _____
20_____, R _____

Reason for Leaving: _____

Position in Company: _____

Is there separate insurance covering the activities of this Firm for the period stated above?

Yes
 No

Name of Previous Company: _____

Period: From _____

To _____

Fees for Last 3 years: 20_____, R _____

20_____, R _____

20_____, R _____

Reason for Leaving: _____

Position in Company: _____

Is there separate insurance covering the activities of this Firm for the period stated above?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

6 Profession/ Business of Company:

7 Address/es of Proposer/s. All address/es must be shown together with the Principle responsible for work at each office.

Address _____

Principle in charge _____

Address _____

Principle in charge _____

Address _____

Principle in charge _____

8 If presently insured, please provide details of your current PI arrangements:

Name of current Insurer: _____
Name of current Broker: _____
Renewal Date: _____
Limit of Indemnity: _____
Premium: _____
Excess: _____
Retroactive Date: _____

9 Is cover required for any past Partner or Principle?

Yes
 No

If yes, please provide full details:

Name in full of Partner/Principle _____

Qualifications _____

How long with the Proposer _____

Name in full of Partner/Principle _____

Qualifications _____

How long with the Proposer _____

Name in full of Partner/Principle _____

Qualifications _____

How long with the Proposer _____

10 Please state total numbers of:

Partners/ Principles _____

Professionally qualified Architects, _____

Engineers and Surveyors _____

Other Technical or qualified staff _____

Contract Hired Staff _____

Others _____

Total _____

11 Do you sub-contract work to any outside party?

Yes
 No

If yes, please provide details:

Is any sun-contractor required to be indemnified under your insurance arrangements?

Yes
 No

If yes, please provide full details:

Name:

Qualifications:

Fees paid (last financial year)

Name:

Qualifications:

Fees paid (last financial year)

Name:

Qualifications:

Fees paid (last financial year)

Name:

Qualifications:

Fees paid (last financial year)

12 Give details of the 5 largest contracts undertaken by the Design and Consulting department, where construction has commenced during the last 5 years:

Start Date:

Approx. Completion Date:

Company's Contract Value:

Total Contract Value:

Description of Services Performed:

Start Date: _____
Approx. Completion Date: _____
Company's Contract Value: _____
Total Contract Value: _____
Description of Services Performed: _____

Start Date: _____
Approx. Completion Date: _____
Company's Contract Value: _____
Total Contract Value: _____
Description of Services Performed: _____

Start Date: _____
Approx. Completion Date: _____
Company's Contract Value: _____
Total Contract Value: _____
Description of Services Performed: _____

Start Date: _____
Approx. Completion Date: _____
Company's Contract Value: _____
Total Contract Value: _____
Description of Services Performed: _____

13 Give details of the 5 typical contracts undertaken by the Design and Consulting department, where construction has commenced during the last 5 years:

Start Date: _____
Approx. Completion Date: _____
Company's Contract Value: _____
Total Contract Value: _____
Description of Services Performed: _____

Start Date: _____
Approx. Completion Date: _____
Company's Contract Value: _____
Total Contract Value: _____
Description of Services Performed: _____

Start Date: _____

Approx. Completion Date: _____

Company's Contract Value: _____

Total Contract Value: _____

Description of Services Performed: _____

Start Date: _____

Approx. Completion Date: _____

Company's Contract Value: _____

Total Contract Value: _____

Description of Services Performed: _____

Start Date: _____

Approx. Completion Date: _____

Company's Contract Value: _____

Total Contract Value: _____

Description of Services Performed: _____

14 Please state for each of the following, the approximate percentage of the total work carried out by the Design and Consulting department in the last financial year:

Architectural	%
Civil Engineering	%
Structural Engineering	%
Mechanical Engineering	%
Electrical Engineering	%
Heating and Ventilation Engineering	%
Chemical Engineering	%
Soil Engineering	%
Nuclear Engineering	%
Surveying	%
Others (please give details)	%
Total	100 %

15 Please state for each of the following, the approximate percentage of the total work carried out by the Design and Consulting department in the last financial year:

	Design only	Design and construction
Home building		
Individually designed	%	%
Multiple Low Rise	%	%
Multiply High Rise	%	%
Modular (repetitive design)	%	%
Public/ Commercial buildings		
Hospitals	%	%
Schools/ Universities	%	%
Offices/ Retail/ Warehouses	%	%
Engineering Construction		
Highways	%	%
Bridges/ Tunnels/ Dams	%	%
Harbours/ Jetties	%	%
Sewage/ Water Schemes	%	%
Industrial		
Power/ Manufacturing Plants	%	%
Refineries/ Petrochemical Installations	%	%
Machanical Plant/ Bulk Handling Equipment	%	%
Industrial Building Systems	%	%
All other		
(Please give details)	%	%
Total	%	%

16 Please provide details of any substantial changes and major new projects being undertaken during the next 12 months:

17 Please provide the Company's total gross turnover for each of the last 5 completed financial years:

Year ending	Home	Overseas Contracts
/ /		
/ /		
/ /		
/ /		
/ /		

18 Please break your turnover down as follows:

	Current Financial Year		Next Financial Year	
	Home	Overseas	Home	Overseas
<i>a</i> Turnover where the Company designs and constructs from its own design and provides full technical supervision.				
<i>b</i> Fees where the Company provides design and technical services only (i.e. no construction is undertaken by the Company).				
<i>c</i> Fees where the Company provides project management or supervision of construction services only (i.e. no construction is undertaken by the Company).				
<i>d</i> Turnover where the Company constructs from others' design performed on behalf of the Company (i.e. where there is a contingent design liability).				
<i>e</i> Turnover where the Company constructs from others' design and others' technical supervision.				
<i>f</i> Other turnover not mentioned above (please give details) - these activities will not normally be covered.				
Total				

19 Does the turnover in 18 (f) relate to any advisory or design services?

Yes
 No

If yes, please provide full details, including the approximate turnover involved:

20 Do you engage in, or are you responsible for, the manufacture or fabrication of any pre-engineered unit?

Yes
 No

If yes, please provide full details, and explain where the relevant turnover has been declared in question 18:

21 Do you ensure that any consultant for which you are responsible have a professional indemnity policy in force?

Yes
 No

22 Do you have a formal quality assurance or control programme in force?

Yes
 No

If yes, please provide full details:

23 Does any client or contract represent more than 50% of your annual work?

Yes
 No

If yes, please provide full details:

24 Have you ever failed to complete a project?

Yes
 No

If yes, please provide full details:

25 Does the work carried out consist of well established techniques?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If no, please provide full details:

26 Is the Company or has the Company been a member of a consortium or group practice or engaged with any other party in a Single project Partnership?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please provide full details (including names of the other parties). Special arrangements must be made to cover this type of work.

27 Does the Company or any Principle have any association with or financial interest in any other Practice, Company or Organisation?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please provide full details of the nature of the association together with the name and business of the party:

28 For what limit of Indemnity are quotations required?

There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?

29 In respect of ANY of the risks to which this proposal relates, has any claim been made (whether successful or not) against the Company or any past or present Principle?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please provide details:

30 Has any loss been suffered by the Company, any predecessor or any past or present Principle in respect of ANY of the risks to which the proposal relates?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please provide details:

Date of claim/loss: _____

Brief details of each claim/loss: _____

Cost of claim/loss: _____

Estimated cost of claim/loss outstanding: _____

Date of claim/loss: _____

Brief details of each claim/loss: _____

Cost of claim/loss: _____

Estimated cost of claim/loss outstanding: _____

Date of claim/loss: _____

Brief details of each claim/loss: _____

Cost of claim/loss: _____

Estimated cost of claim/loss outstanding: _____

What steps have been taken to prevent a recurrence?

31 Is any Principle, AFTER FULL ENQUIRY, aware of any circumstances which might:
give rise to a claim against the Company, any predecessor or any past or present Principle?

Yes
 No

cause any loss to the Company, any predecessor or any past or present Principle?

Yes
 No

has any proposal for similar insurance made on behalf of the Company or any of the present or past partners, directors or principles, or has any such insurance ever been cancelled or renewal refused?

Yes
 No

otherwise affect the consideration of this proposal for insurance?

Yes
 No

If yes to any of the above, please give details:

32 Protection of Personal Information

The Parties acknowledge that for the purposes of performing under this application it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition the insured consents to the transfer of the information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance under this application and any related reinsurance contract.

33 Declaration By Applicant

I/We hereby declare that the details and information furnished in this application, to the best of my knowledge, fairly represents the true state of affairs of the company/business and I/we authorise the verification of any aspect of this application. I/We have not concealed any material facts relevant to this application and this questionnaire will form the basis upon which any guarantee, surety, bond or insurance may be issued.

Name _____
Designation _____
Signature _____ Date _____

(Please initial all pages)