



PROPOSAL FORM

Professional Indemnity Insurance for Scientists and Environmental Assessment Practitioners

Instructions

1. Please complete this form and return it to Garrun CFP Brokers so that we can obtain quotes for your consideration.
2. Please complete all the questions as comprehensively as possible and attach separate pages where there is insufficient space on the proposal form to provide complete answers. Please ensure that you refer to the attachments in the actual proposal form itself to alert insurers of the additional information.
3. If anything is unclear or you require any advice in completing this form, please contact Garrun CFP on 011- 794 6848 or at specialists@garrun-group.co.za or Noleen.podrouzek@garrun-group.co.za.
4. This is a proposal form only, it is not binding until reviewed by us/Insurers and formally accepted by way of an instruction.



The notes on this proposal form are part of our record of advice to you and we therefore urge you to read them carefully.

This is a proposal for a 'claims'-made' policy.

Before completing this form, please read the 'Important notes on completing your proposal form' and 'Incidents/circumstances and claim notification' on the first few pages of this form.

Failure to do so could result in your obtaining insurance which does not adequately meet your needs or in a claim not being covered.

Our needs analysis will be restricted solely to your requirement for professional indemnity insurance. If you require advice or assistance with arranging any other cover, please let us know in writing so that we can assist or refer you.





IMPORTANT NOTES ON COMPLETING YOUR PROPOSAL FORM

1. In the course of rendering financial services to you, we may not request you to sign any document unless all details required to be inserted thereon have been inserted by yourself or someone on your behalf.
2. Upon your request, you are entitled to be supplied with a copy or written or printed record of any transaction requirement within a reasonable time.
3. The completion of this proposal form in no way binds you to accept any quote that we obtain for your consideration. Your completion of the form also does not bind any insurer to place or renew cover for you.
4. The information that you provide on the proposal form together with any additional information you disclose to us in writing, will form the basis of your contract with insurers. Inaccuracies and incomplete information could compromise or even invalidate your cover. Please answer all questions fully and attach a separate page if the space provided on the form is insufficient.
5. The accuracy and completeness of all answers, statements or other information provided by you or on your behalf remain your responsibility.
6. You need to declare all information which could be deemed to be material to underwriters in assessing the risk to be covered by this application. This includes information that may not have been requested in the application form.
7. If you are unsure whether certain information is material to the assessment of the risk, please will you contact us for advice.
8. Please answer all questions fully. Replies such as 'see your records' or 'as previously reported' should please be avoided as this allows the opportunity for important information to be unwittingly omitted which could compromise your cover.
9. If a claim arises from services which you have not disclosed in this proposal form or subsequently to us in writing, it is likely that such claim will be rejected by your underwriters.
10. If you are completing a proposal form for a new policy, please provide us with a comprehensive description of your services so that we can ensure that you are covered for all services that you render.
11. If you broaden your range of services after inception or renewal of this policy, please remember to notify us as soon as possible, in writing, so that we can ensure that your policy is amended to provide cover for these new services.
12. Any insurance policy issued pursuant to the acceptance by you of quotes that we obtain on your behalf, will be issued on a 'claims'-made' basis. This means that in order to be covered you need to have an active policy in place:
 - a. At the time that you become aware of any circumstances and/or incidents that may give rise to a claim or complaint against you or at the time that a claim/complaint is made against you, whichever occurs first; and
 - b. At the time that you rendered the services giving rise to the claim/complaint against you; and
 - c. Between the time that you rendered the service and the time that the claim/complaint was made or you first became aware that a potential claim might be made against you and notified us in writing of same, i.e. uninterrupted cover between rendering the service and notifying the claim/complaint or incident which could give rise to a claim or complaint.
13. Please note that as the cover is provided on a claims' made basis:
 - a. Claims or complaints which arise from services rendered prior to the retroactive cover date on your policy schedule will not be covered, even if the claim is only made once you have cover in place;
 - b. Claims made after this policy has lapsed, not been renewed or been cancelled will not be covered;



- c. Claims or circumstances notified under any previous policy or which should have been notified under a previous policy will not be covered. This includes claims arising from circumstances which should have been notified to your insurers prior to the renewal of your policy.
14. If you are renewing your insurance, please note that your cover will lapse at midnight on the last day of your expiring policy. Any requests for extensions of cover or requests to 'hold covered' must be received in writing and acknowledged by us, in writing, prior to the expiry of your current policy.



INCIDENTS/CIRCUMSTANCES AND CLAIMS' NOTIFICATION

15. It is of vital importance that full enquiries are made of all directors, members, principals, partners, employees and others covered under this policy (or to be covered under the policy which you are now applying for) to establish whether they are aware of any circumstances/incidents which could give rise to a claim or complaint under this policy and that these circumstances/incidents are notified through to us, in writing, as soon as possible, preferably prior to submitting or together with your completed proposal form, but not later than your renewal or inception date.
16. **It is a condition of cover that incidents/circumstances which may give rise to a claim being made against you under this policy, are notified through to Insurers (via ourselves and in writing), as soon as possible, regardless of:**
 - a. whether you believe you can amicably sort the problem out to avoid any potential claim; or
 - b. whether you believe any potential claim amount would fall within your excess; or
 - c. whether you believe that there is no merit to a complaint that has been made against you.
17. If you are not sure whether to notify us of an incident, please will you contact us for advice.
18. If you are applying for a new policy, you need to provide full details of any previous claims against you or incidents which could give rise to claims against you under this type of policy (in the past 5 years). Failure to make such disclosure can result in your not being covered in the event of future claims as insurers may cancel the policy on the basis of non-disclosure of material information at the time of inception of the policy.
19. Claims arising out of incidents that you are aware of at the time of applying for this cover will be excluded from the cover if you are applying for a new policy, even if you purchase retroactive cover.
20. If you purchase retroactive cover, it will only cover claims which arise out of services rendered after the retroactive date, where you have no prior knowledge of any incident or circumstance which could give rise to that claim at the time that you purchase retroactive cover.



1. Name of Applicant to be Insured (Company name if you render services in the name of a company or CC. Individual name only if you render services in your own name.)

2. Postal Address

3. Physical Address of Principal Office

4. Provide details of other Offices (use a separate sheet if required)

5. Telephone number

6. Name of Contact person and their cell phone number

7. E-mail address

8. Company registration number/s



9. VAT registration number

10. Website address

11. Original Commencement Date of Firm or predecessors

12. Please advise how you found out about our services or who you were referred by

13. Details of any attachments to this proposal form eg number of pages and which question they relate to, brochures, copies of existing policy schedule.

14. Are you, any of your members or directors registered with SACNASP and/or EAPASA? If so, please provide names and registration numbers and confirm that you have paid your registration fees due for the current year.

 Please note that most professional indemnity insurance policies include a condition that you must be registered with any regulatory body or authority with which you are legally required to be registered in order to practise.

If you qualify for registration with SACNASP or EAPASA, registration is compulsory in terms of applicable legislation.

While we and insurers do not verify registration status at the quotation or inception stage, and quotations and cover may be offered regardless of whether you are registered, this does not remove the legal requirement to be registered.

In the event of a claim, if it is established that you were not registered with the relevant regulatory body, for example SACNASP, when you were legally required to be registered, this would adversely affect your entitlement to indemnity under the policy and could result in the claim being partially covered or declined in full.



You are therefore strongly advised to establish whether you are legally required to register with SACNASP or EAPASA and, if so, to ensure that you are appropriately registered.

Full Name	State Regulatory Body and Registration Number (EG: SACNASP Reg No 123456)	If Pending: Date of Submission

15. Number of:

a. Principals / Directors in the firm

b. Professional / Qualified Staff

c. Other Staff (number and description)

Type of Staff	Number of Individuals
Administrators	
Information Technology	
Blue Collar	
Other: (Please specify)	

d. Total number of Staff including all principals, partners, members, directors, etc.



16. Details of Principals Qualifications and Experience

Full Name	Qualifications / University / Institution	Date Qualified	No. of Years as Principal in the business to be insured

17. Detailed Business Description *(please include details of all professional services rendered. Failure to make full disclosure of all services rendered can result in your cover being compromised or no cover being offered in the event of a claim which arises out of services rendered that nature of which was not disclosed).*

18. Disciplines in which you are engaged (eg geology, engineering, marine-biology, agricultural, environmental)

19. Your Disciplines (approximate percentage of total fees attributable to each discipline – total 100%)



Agricultural Science	%	Food Science	%
Agricultural Science	%	Geological Science	%
Aquatic Science	%	Engineering Geology	%
Biological Science	%	Materials Science	%
Botanical Science	%	Mathematical Science	%
Chemical Science	%	Microbiological Science	%
Earth Science	%	Physical Science	%
Ecological Science	%	Environmental Assessments	%
Environmental Science	%	Soil Science	%
Engineering (with Engineers Qualification such as Geotechnical Engineering)	%	Zoological Science	%
Other (Please specify)	%	Other (Please specify)	%

20. What do you see as your 3 main exposures or risks which could result in claims against you?

21. Countries in which you operate (please provide an estimated percentage calculated against your last gross annual turnover figure. Add countries add where necessary. Total must equal 100%)

Country	Percentage of past annual turnover	Country	Percentage of past annual turnover
South Africa		Namibia	
Swaziland		Botswana	
Mozambique		Angola	
Zimbabwe			



22. **Your Business Risk**

- a. Has there been any change to the constitution of your business in the last three years or any material change in the type of work undertaken Yes No

- b. Are any material changes envisaged in the ensuing year Yes No

If either answer is Yes please provide details

23. **Claims Experience (past five years)**

- a. Please advise all claims made against you or the company or close corporation that is applying for cover, which would be covered under the cover now proposed (whether or not the subject of insurance).

- b. Are you aware, after enquiry of your management, of any circumstances that may result in a claim or claims being made against you for this proposed insurance? Yes No

If **Yes** please give details below and attach a separate page where there is insufficient space to complete your answer below.



24. Previous Insurance

In respect of any existing or previous Professional Indemnity insurance, has any Insurer

- a. Declined to provide insurance for you or any of your Principals Yes No
- b. Imposed harsher or special terms Yes No
- c. Cancelled the Policy Yes No

25. Turnover

Please complete the table below. Revenue declared should be the Total Gross Revenue received for your services for the work that you are now proposing to cover excluding VAT. Do not deduct any costs from the figure.

	Previous to Last Financial Year	Last Financial Year	Estimate for Current Financial Year
Year End Date:			
Gross Income (before deductions) VAT exclusive.			

26. Please state the 3 largest Contracts where you have commenced rendering services during past 5 years:

	Starting date	Type of Contract	Total Contract Value	Approximate completion date
1			R	
2			R	
3			R	

27. Existing Insurances

Please supply a copy of your existing policy schedule or advise the following:

Current Limit of Indemnity	
Current Excess or Deductible	
Retroactive Date	
Details of any other special endorsements or clauses attaching to the policy	



28. Quotation/s required (please let us know in writing if you would like us to send you information on factors to consider when deciding on the level of cover you need).

a. Limit of Indemnity

b. Excess or deductible (first amount payable by yourself in the event of a claim)

29. Retroactive Cover

Do you require cover in respect of any liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated? Yes No



This is what is referred to as 'retroactive cover' and should be taken out if you have been rendering services in the past without any cover in place or if there has been a 'gap' in your cover. Please will you phone us to discuss this if you are not sure whether or not you need retroactive cover.



It is important to note that even if you do take out retroactive cover (which is not always allowed) it will not cover you for claims arising from incidents that you are already aware of or which you should reasonably be aware of that could lead to a claim or complaint against you.



We can only obtain quotes to include a maximum of 3 years' retroactive cover. If you have previously had insurance cover in place which you have allowed to lapse and there is a gap in your cover, then you will have lost any cover under your previous policy and you will need to purchase retroactive cover.

30. Do you require us to obtain quotes for any of the following Extensions of cover (if you are not sure, please contact us for assistance):-

- | | |
|---|--|
| a. Liability Following the Dishonesty of Employees | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b. Loss of Documents | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. Public liability | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. Liability arising out of sub-contracted services | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e. Joint venture agreements | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| f. Product liability | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| g. Product recall or inefficacy | Yes <input type="checkbox"/> No <input type="checkbox"/> |



h. Defective workmanship Yes No

31. The liability covers listed below are not included in the cover for which you are currently applying. Please indicate if you would like us to send you more information and an application form to obtain quotes for any of the following separate insurance covers:

- a. **Commercial Crime** (Covers your own loss arising out of theft and fraud by Employees and third parties of your own money/property or of money/property in your care, custody or control, eg loss arising out of fraudulent transfer instructions) Yes No
- b. **Cyber liability** (covers POPI Act exposures eg alleged breach of data privacy and breach of regulations relating to data privacy) Yes No
- c. **Directors' and officers' liability** Yes No
- d. **Mergers and acquisitions insurance** Yes No
- e. **Employment Practices Liability** Yes No
- f. **Pollution Liability** Yes No

Declaration by the Insured

On behalf of the Insured, I confirm that:

- ✓ I have checked the details declared in this proposal form and all attachments and warrant that the information provided is complete and correct. I further warrant that I am duly authorised to complete and sign this proposal form on behalf of the Insured.
- ✓ I have read and understood the "Important notes on completing your proposal form" and the "Incidents, circumstances and claims notification" sections on the first few pages of this proposal form.
- ✓ After proper enquiry, the statements and particulars provided in this proposal form and any additional information submitted in support of this application are true and that no material facts have been misstated or withheld.
- ✓ I undertake to inform the underwriters, through Garrun CFP and in writing, of any material change to the information provided in this proposal form occurring prior to acceptance of any quotation issued in respect of the cover applied for.

On behalf of the Insured, I understand that:

- ✓ The information supplied in this proposal form will be incorporated into any policy issued, and any material non-disclosure or misrepresentation may result in the voidance of cover.



- ✓ This proposal form, together with any other material information supplied, shall form the basis of any contract of insurance effected as a result of this application.
- ✓ The personal information provided in this proposal form and in any subsequent communication with Garrun CFP may be shared by Garrun CFP with insurers and or underwriters for the purposes of obtaining quotations for insurance cover, renewing insurance cover, and notifying insurers or underwriters of potential claims or complaints, whether against the Insured or against Garrun CFP.

Signed on behalf of Insured

Full name of the Signatory

Position held at Insured

Date

