

PRIME INSURANCE COMPANY LIMITED



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CONSULTING ENGINEER'S

PROFESSIONAL INDEMNITY PROPOSAL

IMPORTANT NOTICE

THIS FORM MAY BE USED FOR RENEWALS OR NEW BUSINESS. IN THE CASE OF RENEWALS, THE COMPLETED FORM MUST BE RECEIVED BY THE UNDERWRITERS, AND ACCEPTANCE OF THE RENEWAL TERMS ADVISED TO THEM PRIOR TO RENEWAL DATE, FAILING WHICH NO COVER EXISTS AFTER SUCH DATE.

PLEASE ANSWER **ALL** QUESTIONS FULLY. IF THE SPACE PROVIDED IS INSUFFICIENT, A SEPARATE SHEET SHOULD BE ATTACHED.

1. TITLE OF PRACTICE

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2. LEGAL CONSTITUTION

Sole
Practitioner

Partnership
Corporation

Close
Company

Incorporated

If "Sole Practitioner", please give details of arrangements for conduct of practice in absence on leave, etc. of Principal.

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3. DATE OF COMMENCEMENT OF PRACTICE

a) as currently constituted

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b) as initially established

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4. NAMES AND QUALIFICATIONS OF PRINCIPALS AND KEY PERSONNEL

Name

Qualifications

Date

How long
Qualified Principal

in this Practice

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5. DISCIPLINE(S) IN WHICH ENGAGED

Any Discipline is construed as including such matters not reserved by law to the particular profession as are generally handled by private practices in South Africa. Full details should therefore be given of any activity excluded by this definition.

MULTI-DISCIPLINARY PRACTICES should specify the percentage of gross annual fees attributable to each discipline.

<u>Discipline</u>	<u>Percentage of Total Gross Annual Fees</u>
5.1 Architecture%
5.2 Town Planning %
5.3 Quantity Surveying %
5.4 Consulting Engineering%
- Civil and Structural %
- Electrical, Mechanical, Heating, Ventilation %
- Geotechnical work %
- Other (please specify) %
..... %
..... %

6. DIVISION OF FEES CHECKLIST

Please INDICATE the approximate percentage by value of the total fees according to type:

	<u>Approximate Percentage</u>
Feasibility studies, reports, surveys etc. %
High Rise Buildings i.e. Offices/Homes/ Others %
Industrialised Systems Buildings %
Low Rise Housing Scheme individually	

designed %
Foundation/Underpinning/Piling %
Soil/sub-surface testing %
Heating, Ventilating, Air Conditioning %
Sewage/Water schemes %
Schools/Hospitals/other Municipal Buildings not included above %
Bridges/Overpasses/Underpasses %
Dams/Harbours/Jetties/Sea Defences %
Tunnels/Mines %
Chemical/Petro Chemical %
Nuclear/Atomic Projects %
Mechanical Plant/Bulk Handling Equipment/ Silos etc. %
Low Cost Housing %
R.D.P. Projects %
Any other work including specialist activities not detailed above, please specify:	
..... %
..... %
	100%

7. CONSTRUCTION ACTIVITY

- a) Does this Practice undertake any work whatsoever where the "end product" of such work is constructed in territories other than the Republic of South Africa, Botswana, Lesotho, Swaziland and Namibia? YES NO

If yes, please give full details, including proportion of fees from this work.

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- b) Please state the three (3) largest Contracts where construction has commenced during the past five (5) years.

<u>Starting Date</u>	<u>Type of Contract</u>	<u>Total Approximate Contract Completion Value</u>
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i) Please state gross fees received during the past three (3) years:

2010 MK 2011 MK

2012 MK

ii) Estimated gross fees for the forthcoming twelve (12) months:

MK.....

8. CLAIMS

a) Have any claims for professional negligence, error or omission been made against the Firm or its present or past Principals, whether insured or not, during the past five (5) years?

YES NO

If yes, please give full details.

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b) Are any of the Firm's Principals or Employees, AFTER ENQUIRY, aware of any circumstances which may give rise to a claim for professional negligence, error or omission?

YES NO

If yes, please give full details.

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9. INSURANCE HISTORY

a) Has the Firm previously been insured for Professional Indemnity?

YES NO

If yes, please state:

i) Name of Insurers

ii) Indemnity Limit MK

iii) Deductible MK

iv) Expiry Date of Cover

b) Has any Insurer ever:

- i) declined a proposal or renewal for the Firm or any Principal? YES NO
- ii) required an increased premium or imposed special terms? YES NO
- iii) cancelled an insurance? YES NO

If any answer is yes, please give full details.

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10. PROFESSIONAL/BUSINESS RELATIONSHIPS

a) Joint Appointments/Engagement of Consultants

Is it your normal procedure to ensure wherever possible:

- i) that your associates in a joint appointment maintain adequate insurance? YES NO
- ii) that when independent or specialised services are required they are appointed and paid directly by your client? YES NO

If any answer is No, please explain fully.

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11. QUOTATIONS REQUIRED

a) Limit of Indemnity

<u>Each and Every Claim</u>	<u>Annual Aggregate</u>	<u>Excess per Claim</u>
MK	MK.....	MK.....
MK	MK	MK
MK.....	MK	MK

- b) Do you require cover for retroactive errors and omissions? YES NO

If yes, please state period of cover required:

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12. Are you members of the S.A.A.C.E.? YES NO

DECLARATION

WE HEREBY DECLARE that the above statements and particulars are true and complete to the best of our knowledge and that we have not suppressed or misstated any material facts, and we agree that this application shall be the basis of any contract* subsequently effected between the Firm and the Insurers

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DATE

.....
SIGNATURE OF PRINCIPAL
ON BEHALF OF THE FIRM

- * 1. Completion and signature of this Proposal Form does not bind the Firm or the Underwriters to complete this Insurance.
- 2. If a policy is concluded, it will be issued on a "CLAIMS MADE" basis, i.e. to indemnify the Firm for claims first made against it in the manner described in the Policy during the Policy Period.