



## Proposal Form for Attorneys Notaries and Conveyancers

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Stalker Hutchison Admiral (Pty) Ltd

Tel: +27 (0)11 731 3600  
Fax: +27 (0)11 447 0080  
[www.sha.co.za](http://www.sha.co.za)

The Pavilion,  
The Wanderers Office Park,  
52 Corlett Drive, Illovo, 2196  
P O Box 55347, Northlands, 2116

Directors:  
I M Kirk (Chairman), G S Corke (CEO),  
H J Horne, Q M Matthew,  
J Melville, H D Nel

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## Proposal Form for Attorneys, Notaries and Conveyancers

### Notes

This is a proposal for a claims made policy.

The policy will only respond to claims and/or circumstances, which are first made against the Insured and notified to the Insurer during the policy period.

#### This policy will not provide cover for:

- Events that occurred prior to the retroactive date of the policy.
- Claims made after the expiry of the policy period even though the Wrongful Act giving rise to the claim may have occurred during the policy period.
- Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- Claims made, threatened or intimated prior to the commencement of the policy period.
- Facts or circumstances in your knowledge prior to the policy period, which you knew had the potential to give rise to a claim under the policy

If you do not understand any part of this document, please contact your broker before you sign it. You will be bound by the answers, which are given, and by the information provided by you in this proposal form. It is in your interest to make sure that all information is correctly and properly understood.

### When in doubt disclose

#### Disclosure

You must disclose to the Insurer all information which is material to it in deciding whether to issue insurance cover to you, including any facts or conduct which might lead to a claim being made against you. Failing to do so could affect your rights to indemnity.

#### Attachments

Please include the following documents with this proposal form. Please indicate the attachments by ticking the boxes.

Company brochure/additional information:

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Claims information (if relevant):

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Please attach additional details where there isn't enough space on the form.

### 1. Details of Proposed Insured

- 1.1 Full name of the Insured / Practice Name  
(Please attach details of all subsidiary companies)

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1.2 Postal address

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1.3 Telephone number

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1.4 Fax number

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1.5 E-mail address

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1.6 Website address

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1.7 Vat registration number

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1.8 Company registration number

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1.9 Present legal constitution (Mark relevant box)

Sole Practitioner ☐ Partnership ☐ Incorporated Co. ☐ Limited Co. ☐ Closed Corp. ☐

1.10 Date of commencement of practice

As currently constituted

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As initially established

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1.10 Names and qualifications of Principals.

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

Name	Qualifications	Date Qualified	How long has the Principal being in this practice


1.11 Are any of the branches of the proposed insured located outside of South Africa?

Yes

☐

No

☐

If **Yes**, please provide full details.

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1.12 Staff Complement

Partners/Principals/Directors		Articled Clerks	
Professional Assistants		All other staff	
Total Staff Complement			

## 2. Detailed Business Description

2.1 Please provide a full business description.

(If engaged in multiple disciplines, please provide a percentage split – total must add up to 100%).

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2.2 Nature of Practice –“Attorney, Notary and Conveyancer” is defined in the policy as including such activities not reserved by law to Attorneys, Notaries and Conveyancers as are generally and legitimately conducted as part of a legal practice

Please indicate whether your Practice includes:

Insurance, Building Society Agencies, Real Estate, Co-operative Society and / or similar Commercial Agencies.

Yes

☐

No

☐

The provision of investment, mortgage of bail bond services.

Yes

☐

No

☐

The provision of investment advice as distinct from investment services

Yes

☐

No

☐

Any other activity not generally engaged in my legal practices in South Africa

Yes

☐

No

☐

If **Yes** to any and if cover is required in respect thereof, please specify each such activity. Indicate the Principal(s) primarily responsible and the approximate contribution of the particular activity to gross annual fee income.

Principal	Activity	Approximate Contribution	Gross Annual Fee Income
		R	R
		R	R
		R	R

### 3. Claims Experience

- 3.1 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, whether in terms of this proposal or any other proposal/policy for the same type of cover?

Yes

☐

No

☐

If **Yes**, please provide full details.

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- 3.2 After enquiry, are any of the Proposed Insured / Partners / Directors / Members or employees aware of any circumstances which would be covered under a policy of this type, that may result in any claims or any possible claims being made against them?

Yes

☐

No

☐

If **Yes**, please provide full details.

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### 4. Details of Insurance

- 4.1 Please provide the following detail in respect of cover your firm obtains from the Attorneys Insurance Indemnity Fund (AIIF) Professional Indemnity Scheme:-

Limit:

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Option:

1

☐

2

☐

3

☐

- 4.2 Other than the cover afforded under the AIIF, do you present or have you in the past had any other policy/ies of this type of Insurance cover in place. (This includes any "Top-Up" cover over and above the AIIF cover).

Yes

☐

No

☐

Name of Broker	_____
Name of Insurer	_____
Date cover expires/d	_____
Expiry of "Run-off" cover (if any)	_____
Limit of Indemnity	_____
Deductible /Excess applicable	_____
Premium	_____

4.3 For the type of Insurance now being proposed, has any Insurer ever:

4.3.1 declined a proposal or renewal for this practice or any partner/principal?

Yes ☐ No ☐

4.3.2 required an increased premium or imposed special terms?

Yes ☐ No ☐

4.3.3 cancelled an insurance?

Yes ☐ No ☐

If **Yes**, please provide full details.

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4.4 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 (Retroactive cover)?

Yes ☐ No ☐

## 5. Business Conducted outside South Africa

5.1 Do you or your firm do any business for your clients in the USA, Canada, Australia or any other countries/states governed by their laws?

Yes ☐ No ☐

If **Yes**, please provide the following details:-

5.1.1 What percentage of your fees are attributable to these activities?

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5.1.2 Do you have physical offices in these areas?

Yes ☐ No ☐

If Yes;

5.1.2.1 Under who's management and control are these offices.

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5.1.2.2 Is there any foreign shareholding in these offices and if so what percentage?

Yes  No

5.1.2.3 Do you give any advice relating to the Laws of these Countries?

Yes  No

If yes please provide full details.

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5.2 Does the company or any partner, director etc own any assets in the USA, Canada or Australia?

Yes  No

If Yes, please provide full details:

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## 6. Inter partnership arrangements

6.1 Do you have any inter-partnership arrangements with other attorneys, or firms of attorneys?

Yes  No

6.2 If **Yes**, do these firms carry out work in the name of your firm or vice-versa?

Yes  No

6.3 Do they have Professional Indemnity cover in place and if so at what Limit of Indemnity?

Yes  No  R

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

## 7. Fee Income (as at company's financial year end)

7.1 What is the date of the Company's financial year end:

7.2 Please give the audited fees for the past 5 years (excluding fees paid to Sub-Contractors):

Year End	Fees	Year End	Fees
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		Estimate for next 12 months	

### 7.3 Approximate percentage of established gross income accruing from various activities

Activity	Percentage	Activity	Percentage
Conveyancing	%	Patents	%
Commercial	%	MVA	%
Probate	%	National Housing Board	%
Criminal	%	Other Activities (Please provide full details)	%
Matrimonial	%		
Total			100%

## 8. Trust Monies

8.1 In respect of Trust Money, please indicate the amount of Trust Money held at the financial year end for the last three years.

Year End	Amount held in Trust
	R
	R
	R

8.2 At what intervals are Trust Money balances checked by

- 8.2.1 an internal audit of one of the partners? R \_\_\_\_\_
- 8.2.2 an audit by the firm's auditors? R \_\_\_\_\_

## 9. Quotations Required

9.1 Kindly advise what limits you would like terms for:-

Professional Indemnity (Limit Vat inclusive)	Misappropriation of Trust Funds (Limit Vat exclusive)
R	R
R	R
R	R

(Limit any one period of insurance is inclusive of costs and expenses)

9.2 Do you require a quote on one or two reinstatements of the limit during the period of insurance?

\_\_\_\_\_



## Declaration

I / we declare that after proper enquiry the statements and particulars given above are true and that I/ we have not misstated or suppressed any material fact.

I / we agree that this proposal form, together with any other material information supplied by me /us shall form the basis of any contract of insurance effected thereon.

I/we undertake to inform the underwriters of any material alteration to these facts occurring before the completion of the contract.

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Signed on behalf of Insured

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Full name

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Position held at Insured

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Date