

PROFESSIONAL INDEMNITY PROPOSAL FORM

IMPORTANT NOTICE

- Answer all questions, leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers and information provided in this Proposal Form and any other additional information provided by the Proposer. If a quotation is offered, it will be the intention of Underwriters to offer coverage only in respect of those entities named in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

1 | General Information

Details of entities to be insured (the "Proposer"):

Proposer's name: National Home Builders Registration Council (NHBRC)

ID number (if Sole Trader):

Head Office (Physical Address): 27 Leeuwkop Road, Sunninghill, Johannesburg

Postal Code: 2157

Subsidiaries/Any other branches: n/a

Postal Code: 2157

Company Reg No.: n/a

VAT No.:

Professional Association(s):

Date Company Established / Services Commenced:

2019 / /

(If commenced within the past 24 months – Please attach CV of key personnel/ Directors/ Principals)

Company Legal Constitution:

Partnership / Private Company / Public Company / Close Corporation /

Public company

Non-profit Organisation / Government / Sole Proprietor

Website: www.nhrc.org.za

2 | Insurance History

1. Are you in the present or have you in the past been Insured?

YES	<input checked="" type="checkbox"/>
NO	<input type="checkbox"/>

If YES, please state:

Insurers:

AC&E

Limit of Indemnity:	R 20,000,000.00
Excess (Each and every claim):	R 250 000.00
Premium:	R 113 950.00
Date of expiry of coverage:	2/28/26
Retroactive date:	3/1/20

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

(a) Declined Proposal or renewal?

YES	<input type="checkbox"/>
NO	<input checked="" type="checkbox"/>

(b) Required an increased premium or imposed special terms?

YES	<input type="checkbox"/>
NO	<input checked="" type="checkbox"/>

(c) Cancelled the insurance?

YES	<input type="checkbox"/>
NO	<input checked="" type="checkbox"/>

If YES to any of the above 3 questions, please provide full details:

3 | Required Cover

1. State the LIMIT OF INDEMNITY and EXCESS required:

	Option 1:	Option 2:	Option 3:
Limit:	R 30 000 000	R 30 000 000	R 30 000 000
Excess:	R nil	R 200 000	R 250 000

2. Do you require backdated retro-active cover?

YES	<input checked="" type="checkbox"/>
NO	<input type="checkbox"/>

If YES, please advise how many years backdated cover is required:

1 Year	<input type="checkbox"/>
2 Years	<input checked="" type="checkbox"/>

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

YES

NO

✓

If YES, please provide full details:

Name of Predecessor:	Date Commenced:	Date Ceased:	Reason for Cessation:

4 | Previous Losses/Existing Circumstances

1. Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:

- (a) Give rise to a claim against the Proposer, any predecessor or any past or present Principal?
- (b) Cause any loss to the Proposer, any predecessor or any past or present Principal?
- (c) Otherwise affect the consideration of this proposal for insurance?

YES

✓

NO

YES

✓

NO

YES

✓

NO

If YES, please provide full details:

2. In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

YES

✓

NO

If YES, please identify details (including loss date, amount claimed and a brief description):

3. What steps have been taken to prevent a recurrence?

5 | Additional Information

1. Please provide details of all current Principals including qualifications:

2. Is cover required for the previous business activities of any Principal?

YES

If YES, please provide full details:

Name of Principal:									
Name of Previous Firm:									
Period:	From To	/	/	From To	/	/	From To	/	/
Fees for Last 3 years:	20	R		20	R		20	R	
	20	R		20	R		20	R	
	20	R		20	R		20	R	
Reason for leaving:									
Position in Firm:									
Is there separate insurance covering the activities of this Firm for the Period stated above?									

6 | Staff Compliment

1. Please state total numbers of staff members:

Partners / Principals / Directors	
Qualified Staff (Excluding principals)	338
Contract Hired Staff	55
All other	197
Total	590

7 | Activities

1. (a) Please provide a full description of all of your activities:

NOTE: (Please provide a brochure / company profile, if available)

See Annual report. NHBRC was established in 1999 as a council in terms of the Housing Consumers Protection Measures Act of 1998 as amended, to protect the interests of housing consumers and regulate the homebuilding industry. Since its establishment, the NHBRC has delivered valuable services in co-operation with the National Department of Human Settlements (DHS) and key industry players. The NHBRC is a Schedule 3 public entity of the National Department of Human Settlements. In a nutshell, we believe our role is to assure quality homes in the country through:

- Educating housing consumers and homebuilders on rights and responsibilities within the home construction industry.

(b) Please categorise the activities outlined above and indicate the approximate percentages of the gross income/fees each represents:

See page 26 of the Annual Report Note: Revenue Collection	%
page 106 Forensic engineering, Geotechnical and rectification work R11 451 840/R2 426 832 924	0.47
	%
	%
	%
Total	100%

(c) Do you anticipate any major changes on these activities in the forthcoming 12 months?

YES		NO	<input checked="" type="checkbox"/>
-----	--	----	-------------------------------------

If YES, please provide full details:

(d) Have you undertaken any other activities in the past for which cover is required?

YES	<input checked="" type="checkbox"/>	NO	
-----	-------------------------------------	----	--

If YES, please provide full details:

Technical services - Forensic engineering, Geotechnical and rectification work

(e) Are you involved in any process manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as described above?

YES		NO	<input checked="" type="checkbox"/>
-----	--	----	-------------------------------------

If YES, please provide full details:

2. (a) Is any work put out to sub-contractors?

YES	<input checked="" type="checkbox"/>	NO
-----	-------------------------------------	----

if YES, please state:

List all activities / work sub-contracted out

Forensic assessments

(b) What percentage of gross income/fees was paid to sub-contractors in the last financial year?

%

8 | Financial Information

1. State for the whole Proposer's Gross Income/ Revenue:

	Last Year:	Current Year Estimate:	Forthcoming financial year:
Year end:	31 / 03 / 2025	/ /	/ /
Home:	R 2 426 832 924	R 1 702 768 799	R 1 753 851 862
Overseas (excl. USA & Canada):	R 0	R	R
USA & Canada:	R 0	R	R

2. Do you or your firm do any business for your clients in any other countries?

YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
-----	--------------------------	----	-------------------------------------

if YES, please provide full details:

3. Do you or your firm do any business for your clients in North America, or any other countries/states governed by their laws?

(a) What percentage of fees are attributed to these activities?

0	%
---	---

4. Please give details of the 3 largest contracts in the last 5 financial years (give details of current projects if new business):

Client:	Start Date:	Description:	Total Contract Value:	Fee	Approx Completion Date:

5. What is the total fee income received in the last financial year from your largest client?

R

9 | Risk Management

1. Do you use a standard form of contract, agreement or letter of appointment?

YES	NO	✓
-----	----	---

If YES, please attach a copy.

2. Do you limit your liability under contract?

YES	NO
-----	----

3. (a) Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

YES	NO
-----	----

If YES, please give full details (including names of the other parties) special arrangement must be made to cover this type of work.

(b) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

YES	NO	✓
-----	----	---

4. Do you limit the time in which you can be held liable?

YES	NO
-----	----

5. Do you have a person dedicated to risk management of the company?

YES	NO	✓
-----	----	---

If YES, please specify.

Risk Team headed by the Chief Risk Officer

6. Do you have any risk management procedures in place to avoid claims?

YES	✓	NO
-----	---	----

If YES, please specify/attach.

7. Do you have a System to avoid conflict of interest?

YES	✓	NO
-----	---	----

8. Does the practice have any form of quality management in place?

YES	NO
-----	----

If YES, please specify/attach.

Declaration:

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

Privacy Statement

I/We consent to Camargue Underwriting Managers processing my/our personal information as per the Privacy Statement which may be accessed here <https://www.camargueum.co.za/legal>.

Bongani Monareng

Name:



Signature

26/02/2026

Date: DD/MM/YYYY