

Design & Construct/Manufacture/Supply Professional Indemnity Insurance

Proposal Form

IMPORTANT INFORMATION REGARDING COMPLETION OF THIS FORM

Method of Completion

- This proposal form may be completed in ink or electronically and emailed or faxed to us, provided we ultimately receive an original signed and dated version prior to binding cover;
- All questions must be answered (if necessary comment as “not applicable” or “none”).

Presentation

- If there is insufficient space in the proposal form, or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper;
- CV’s of your principals/directors should be supplied if you have not previously been insured, or if any principal has been in their current position fewer than three years;
- Copies of your standard contract conditions, brochures or other marketing material should be supplied if this helps to describe the activities undertaken.

Disclosure

- You have a legal duty to disclose to insurers all material information which may affect their judgement in determining whether to provide you with insurance and if so on what terms. In the case of renewal of existing insurance arrangements, this includes any material changes to information already disclosed to insurers;
- If you are in any doubt as to whether or not information is material, you should disclose it, even if there is no specific relevant question in the proposal form;
- It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current insurers of such matters as appropriate;
- Failure to disclose material information may give insurers the right to avoid any contract of insurance they may subsequently issue, with the consequence that you will not be protected for any claims notified under that insurance.

DESIGN & CONSTRUCT PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

1. NAME(S) OF INSURED / PROPOSER (including all trading names of entities to be Insured):

(Please include any predecessors for whom cover is required)

2. ADDRESS OF THE PRINCIPAL OFFICE: (Please list all other locations by Town or Country if overseas and identify the supervising Partner / Director at each location. Please provide on appendix sheet if required)

ALL OTHER ADDRESSES BY TOWN/COUNTRY:

Principle Contact:		Telephone Number:	
E-Mail:		Fax Number:	
Web-Site Address:			

3. DATE OF COMMENCEMENT OF CURRENT BUSINESS:

DATE OF COMMENCEMENT OF AND CESSATION OF FORMER BUSINESS:

(If Applicable)

REASON FOR CESSATION OF FORMER BUSINESS:

4. FULL DESCRIPTION OF BUSINESS ACTIVITIES (Please attach brochure(s) if available):

5. DETAILS OF THE DESIGN AND CONSULTING DEPARTMENT STAFF:-

Names of:	AGE	Qualifications & Professional Associations	Date Qualified	Number of Years as Partner / Director / Sole Practitioner
a) Partners / Directors .				
b) Other Staff.				
a)				

b)

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6. **NUMBER OF OTHER STAFF:-** (Not including 5. above)

Qualified:

Other:

7. **RECENT CHANGES? – During the last six years, has the name(s) of the Insured / Proposer changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors/Sole Practitioners ? (i.e. departed, retired or deceased etc...)**

YES NO

If “YES”, please give details below

8. **NEW ACTIVITIES – Please provide details of major new activities being undertaken during the forthcoming financial year, i.e. new offices, new disciplines, territories etc...**

9. **OTHER FINANCIAL INTERESTS – Does the Insured / Proposer or any Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such a partnership, company, organisation? (Apart from shares held in Public Companies)**

YES NO

If “YES”, please state the name and nature of such Organisation and outline the work undertaken.

10. **JOINT VENTURE / CONSORTIUM**

(a) Is the Insured / Proposer or any other Partner / Director / Proprietor currently a member of a Consortium or has the Firm or any Partner / Director / Proprietor worked in the past in association with any other Firm or Organisation?

YES NO

If “YES”, please supply full details including names of all members and details of PII cover carried by each party

(b) Is cover required for such work?

YES NO

IF “YES”, INSURERS WILL REQUIRE A COPY OF ANY NEW AGREEMENT NOT PREVIOUSLY DECLARED TO UNDERWRITERS

11. **INDEPENDENT CONSULTANTS – When independent or specialist consultants are required, has the Insured / Proposer in the past ensured, and will in the future endeavour to ensure, that such consultants are appointed directly by and paid by your client?**

(a) IN THE PAST?

YES. NO

(b) IN THE FUTURE?

YES NO

PLEASE NOTE: WHENEVER YOU ENGAGE OR EMPLOY CONSULTANTS, YOU SHOULD ASK EACH YEAR FOR EVIDENCE OF THEIR PROFESSIONAL INDEMNITY INSURANCE

12. **ARE YOU A MEMBER OF ANY PROFESSIONAL/TRADE ASSOCIATION?**

If “YES”, please provide full details (Please attach appendix sheet if required)

YES NO

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13. **GROSS TURNOVER/FEE INCOME** – Please Advise (for new insured(s) / proposer(s) start up’s, please estimate the expected turnover/fee income)

	Actual for <u>Last</u> Financial Year	Estimate for <u>Current</u> Financial Year	Estimate for <u>Next</u> Financial Year
UK in £	£	£	£
<u>USA or Canada in £</u>	£	£	£
Elsewhere excluding USA or Canada in £	£	£	£

Total in £	£	£	£
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PLEASE STATE THE DATE OF YOUR FINANCIAL YEAR END:

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14. **Please detail the amount of your total turnover/fees in the last financial year, or for new start up’s the next financial year:-**

Split of turnover between activities undertaken in the last complete financial year:-

	UK	USA OR CANADA	ELSEWHERE
(a) Turnover where you design and construct from own design and provide full technical supervision	%	%	%
(b) Fees where you design and/or provide technical services where no construction is undertaken by you	%	%	%
(c) Turnover where you construct from designs provided by others (e.g. architects/engineers) ON YOUR BEHALF, but where you provide your own technical supervision	%	%	%
(d) Turnover where you construct from designs provided by and technical supervision undertaken by others (e.g. architects/engineers) ON YOUR BEHALF	%	%	%
(e)* Turnover where you construct from designs supplied by the principal, employer, client or their appointed architect/engineer, (i.e. where you have no design input/responsibility)	%	%	%
(f)* Other Turnover no listed above: Please provide details	%	%	%
TOTAL TURNOVER	100%	100%	100%

NB. "Construct" can also mean install or fabricate in this question.

***Note:** Do you require the policy to provide cover on a "Duty to Warn" basis for contracts where you have no contractual design or supervision responsibility?

YES NO

15. **WORK PROFILE** - Please confirm the approximate division of your work in the following disciplines where you have undertaken or been responsible for design or technical services:

Architecture	%	Chemical Engineering	%
Civil Engineering	%	Soil Engineering	%
Structural Engineering	%	Nuclear Engineering	%
Mechanical Engineering	%	Building Surveying	%
Electrical Engineering	%	Land Surveying	%
Heating & Ventilating Engineering	%	Quantity Surveying	%
Other (please advise details)	%	Project Management	%

16. **CLIENT PROFILE** – Please give the approximate percentage of the Insured(s) / Proposer (s) work carried out during the last complete financial year applicable to the following projects:-

Educational Facilities (Schools, Universities etc...)	%	Office Facilities:	up to 3 stories	%
			above 3 stories	%
Medical Facilities (Hospitals, Nursing Homes, etc...)	%	Commercial / Retail Facilities:	up to 3 stories	%
			above 3 stories	%
Recreation / Leisure Facilities (Hotels, Sport Centres, Swimming Pools, etc...)		Industrial Facilities		%
Housing:	Individual Dwellings	%	Manufacturing Plants	%
	Low Rise Multiple Dwellings	%		
	High Rise Multiple Dwellings	%		
	Modular Dwellings	%		
Sewerage / Water Schemes		Offshore Installations / Marine		%
Harbours / Jetties		Bridges / Tunnels		%
Dams / Mines		Chemical / Oil / Nuclear Facilities		%
Mechanical & Bulk Handling Plants		Other (Please Specify)		%

17. **Are you involved in:-**

(a) the manufacture or fabrication of any pre-engineered units?

Yes No

(b) the Cladding, Curtain Walling or Glazing Trades?

Yes No

If Yes to either of above, please give full details

18. PROJECT PROFILE

(a) – Please state the three largest contracts where construction has been started during the last SIX years:-

Start Date	Brief Description	Total Contract Value	Firms Contract Value	Firm's Fee	Completion Date
		£	£	£	
		£	£	£	
		£	£	£	

(b) – Please state the three largest contracts where construction is expected to start during the next year:-

Start Date	Brief Description	Total Contract Value	Firms Contract Value	Firm's Fee	Completion Date
		£	£	£	
		£	£	£	
		£	£	£	

19. CLAIMS AND/OR CIRCUMSTANCES

PLEASE NOTE THAT IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY, AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.

(a) CLAIMS

– During the last ten years, have any claims, or circumstances which may have given rise to a claim, been made against the Firm(s) or predecessors in business or present or former Partners/Directors arising out of the activities of the Firm(s)?

YES NO

If “YES”, please advise full details including amounts involved and settlement dates, where appropriate, below:-

Claims Paid

Claims Outstanding

(b) CIRCUMSTANCES

– Are any of the Partners/Directors, after enquiry, aware of any circumstances which may give rise to a claim against the Firm(s) or its predecessors in business or its/their present or former Partners/Directors?

YES NO

If "YES", please advise full details including amounts involved below:-

20. (a) CURRENT INSURANCE ARRANGEMENTS – Please advise:-

Limit of Indemnity	Excess	Premium	Insurer(s)	Renewal Date
£	£	£		

(b) PREVIOUS INSURANCE - Has similar insurance for this Firm(s) or or any Partner/Director been declined, cancelled or had renewal refused? YES NO

If "YES", please advise details below:-

21. QUOTATIONS REQUIRED

Limit of Indemnity		£100,000	<input type="checkbox"/>	£250,000	<input type="checkbox"/>	£500,000	<input type="checkbox"/>
	£1,000,000	<input type="checkbox"/>	£2,000,000	<input type="checkbox"/>	£5,000,000	<input type="checkbox"/>	Other
Excess		£500	<input type="checkbox"/>	£1,000	<input type="checkbox"/>	£2,500	<input type="checkbox"/>
	£5,000	<input type="checkbox"/>	£10,000	<input type="checkbox"/>	£25,000	<input type="checkbox"/>	Other

DECLARATION

I/We declare that the previous statements and particulars are true and I/We have not suppressed or mis-stated any material facts.

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

Signed:

Date:

For and on behalf of:

PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS.

COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

CLAIMS/CIRCUMSTANCES SUMMARY

Date Notified	Details of Claim or Circumstance	Reserve	Payments made (including defence costs)	Open/ Closed
	<p>Claimant:</p> <p>Cause/Alleged Cause:</p> <p>Current Status:</p>			
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