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| **Professional Indemnity Insurance Proposal Form****Architects and Civil Engineers - Annual Cover** |

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| **Note:** This Proposal must be completed in full by a Partner of the Firm. Unless the Proposal isfully completed a firm Quotation cannot be given. The completion and signature of thisProposal does not bind the Proposer or underwriters to complete a Contract of Insurance.If there is insufficient space to answer questions please use an additional paper and attach itto the form (PLEASE INDICATE SECTION NUMBER). |

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| **I. General data**1. Name of proposer in full |  |
| 2. Address of head office |  |
| 3. Address of branch office(s) and name(s) of resident partner(s) |  |
| 4. In which countries do you carry out projects? |  |
| 5. When was the firm established? |  |
| 6. During the past five years, has the name of the firm been changed or has any other firm purchased or any merger or consolidation taken place?  yes no **If so,** please give full details. | Yes No |
| 7. Details of all practising principals or partners |  |
| Names | Qualifications, datesqualified/total durationof professionalexperience | Position held incompany and how long |  |
|  |  |  |  |
| 8. Total number of principals, partners and staff Technical: - Principals, partners or officers- Other qualified engineers- Qualified architects- Surveyors- Draughtsmen- Other qualified staff(please specify)- Trainee staffTotal non-technical/administration staff | Number-------------------- |
| 9. Details of all practicing principals or partners |  |
| Names | Qualifications, datesqualified/total duration orprofessional experience | Position held in companyand how long |  |
| 10. Total number of principals, partners and staffTechnical: - Principals, partners or officers- Other qualified engineers- Qualified architects- Surveyors- Draughtsmen- Other qualified staff(please specify)- Trainee staffTotal non-technical/administration staff | Numbers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. Do you give work to independent firms, subcontractors and/or specialists? If so, please state kind of work and percentage of fees.(The professional liability of such independent firms is notcovered under the proposed policy). | Yes No\_\_\_\_\_\_\_\_\_\_\_\_% |
| 12. Are you financially connected with a client? If so, state name of client | Yes No |
| 13. Does any one contract or client generate more than 25% of the total annual fees? If so, give details | Yes No |
| **II. Nature and volume of your present and foreseeable future activities**1. In which of the following professions is your firm engaged?a) Civil Engineeringb) Structural Engineeringc) Mechanical Engineeringd) Electrical Engineeringe) Heating and ventilating engineeringf) Chemical Engineeringg) Soil Engineeringh) Others, not shown (please specify | □□□□□□□□□ |
| 2. Division of the firm’s activitiesa) Feasibility studies, reports, surveys, etc. Please specify projects.b) Bridges and/or tunnels and roadsc) Dams, rivers and ports/harbours, jettiesd) Mines, underground or subaqueous workse) Airportsf) Sewerage schemes, water supplyg) Foundations and underpinning railway and subwayh) Water schemes, agricultural engineeringi) Nuclear or atomic projectsj) Chemical, petrochemical plantsk) Housing schemes, architecturel) High-rise buildingsm) Schools, hospitals, municipal buildingsn) Industrialised system buildingso) Mechanical plant and bulk handling equipment (including silos, etc.)p) Other works including any specialist activities not shown above (specify which | % of total fees\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| 3. Responsibilitiesa) Design onlyb) Supervision onlyc) Design and supervisiond) Project management | \_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_%\_\_\_\_\_\_\_\_\_\_\_\_\_\_% |
| 4. Construction values and fees |  |
|  | PastFinancialyear | Currentfinancialyear | Estimatecomingfinancial year |  |
| a) Construction values |  |  |  |  |
| b) Gross fees received |  |  |  |  |
| 5. List the four largest contracts / projects performed by your firmduring the last five years (brief description including values andfees). |  |
| **III. Further activities**1. Do you also concern yourself with the sale and administration ofreal estate? | Yes No |
| 2. Do you construct and sell houses and flats for your own account? | Yes No |
| 3. Do you act as a project manager or main contractor? | Yes No |
| 4. Are you an agent for goods used for construction or do you obtaincommission from the sale or distribution of such goods?What goods? | Yes No |
| 5. Are you connected with firms constructing houses and flats or withauxiliary firms to the building industry or with other firms as a- member of the board?- partner?- Shareholder (more than 3%)?Name of firms and activities | Yes NoYes NoYes No |
| 6. Do your activities include giving expert opinions?Also for local and state authorities? | Yes NoYes No |
| **IV. Previous insurance/previous claims**1. Have you previously been insured? If so, please specify: | Yes No |
|  | Name of insurer | Policy period | Limit of indemnity |  |
| **1.****2.****3.****4.** **5.** |  |  |  |  |
| 2. Has a previous application been declined?Has a previous insurancea) required increased premium?b) required special restrictions?c) been terminated/not been renewed by an insurer?If so, please give detailed information. | Yes NoYes NoYes NoYes No |
| 3. Have any claims been made during the past five years against your firm?If so, please advise amount and details of each claim. | Yes No |
| 4. Is your firm aware of any circumstances or incidents which may result in a claim or claims against your firm?If so, please give details | Yes No |
| **V. Indemnity required**1. Limit any one claim |  |
| 2. Aggregate Limit |  |
| 3. Deductible each and every claim to be borne by insured |  |
| **VI. Extension to basic cover**1. Retroactive CoverIf so, indicate number of years(maximum number of years – 5 years) | Yes No |
| 2. Loss of documents(Limit: 10% of limit of indemnity) | Yes No |
| 3. Libel and slander(Limit: 10% of limit of indemnity) | Yes No |
| 4. Dishonesty of Employees (Limit: 10% of limit of indemnity) If so, please answer the following questions:a) Has the firm sustained any loss through fraud or dishonesty of any  employee?b) Is any employee allowed to sign cheques without countersignature by a partner? | Yes NoYes NoYes No |
| I/We declare that the statements and particulars in this proposal are true  and that I/we have not misstated or suppressed any material facts. I/We  agree that this proposal, together with any other information supplied  by me/us, shall form the basis of any contract of insurance effected  thereon. Signing this proposal form does not bind the proposer or underwriter to  complete this insurance.Dated this day ofFor and on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert name of firm)Signature of partner or principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please attach a brochure concerning your firm. |  |