



PROFESSIONAL INDEMNITY
PROPOSAL FORM

construction professionals

PLEASE READ THE FOLLOWING BEFORE

COMPLETING THIS PROPOSAL FORM:

TO PRESENT A CLEAR AND UNAMBIGUOUS PICTURE AND TO ENSURE THAT UNDERWRITERS UNDERSTAND THE NATURE OF YOUR RISK:

- * ALL QUESTIONS SHOULD BE COMPLETED IN INK.**

- * WHERE A QUESTION IS NOT APPLICABLE TO YOUR PARTICULAR CIRCUMSTANCES, PLEASE WRITE 'N/A'.**

- * PLEASE TICK THE YES OR NO BOXES.**

- * IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS PLEASE USE AN ADDITIONAL SHEET AND ATTACH IT TO THIS PROPOSAL FORM.**

- * COMPLETING AND SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR INSURERS TO COMPLETE THIS INSURANCE.**

- * IF THIS PROPOSAL RELATES TO A NEW BUSINESS OR VENTURE, PLEASE COMPLETE THE QUESTIONS AS FAR AS POSSIBLE, GIVING ESTIMATED OR ANTICIPATED INFORMATION.**

PROFESSIONAL INDEMNITY INSURANCE

An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form in ink. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer or Insurers to complete a contract of insurance.

If there is insufficient space to answer any question, please continue on your headed notepaper and attach it to this form.

Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS TO ASSIST THE UNDERWRITERS' CONSIDERATION OF THE PROPOSAL.

1a) Name of Individual or Firm(s) (including any subsidiary requiring cover):

b) Date established:

c) Address(es) (specifying who is responsible, if there is more than one location):

d) Name(s) of any previous Firm(s) requiring cover and the date(s) on which they ceased trading:

2a) Name of Individual, Partner, Principal or Director	Age and Qualifications	Date Qualified	Number of years Practical Experience
PLEASE ATTACH DETAILED C.V.'S, IF NO RELEVANT QUALIFICATIONS			

b) Names of Consultants regularly used	Age and Qualifications	Date Qualified	Number of years Practical Experience
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PLEASE ATTACH DETAILED C.V.'S, IF NO RELEVANT QUALIFICATIONS

c) Do you require cover for past Partners, Principals or Directors? **YES/NO**
If yes, please provide details

3a) Is any Individual or the Firm admitted to any Association or Trade Body? **YES/NO**
If yes, please give details.

b) Has any person been the subject of disciplinary proceedings by any professional body? **YES/NO**
If yes, please give details.

4 Please state the total number of Partners, Principals or Directors:

Qualified Staff:

Consultants:

5a) If you are a sole practitioner, please give details of arrangements made in the event of sickness or holiday.

b) Is this a Part-time occupation? **YES/NO**
If yes, please give brief details of your present full-time work.

6a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months? **YES/NO**
 If yes, please give details.

b) Is cover required for any activity, now ceased, which is different from those declared, within this proposal form? **YES/NO**
 If yes, please give details.

7. Please list by activity the approximate percentage of work carried out in each instance:

Architecture	%	Electrical Engineering	%
Civil Engineering	%	Landscape Architecture	%
Soil Engineering	%	H.V.A.C. Engineering	%
Structural Engineering	%	Planning/Feasibility	%
Project Manager	%	Refrigeration Engineering	%
Project Co-ordinator	%	Non-Structural Space Planning	%
Nuclear Engineering	%	Chemical Engineering	%
Mechanical Engineering	%	Surveying (Land, Quantity, Building)	%
Interior Design or Non-Structural Refurbishment	%	Planning Supervisor	%
		Other (please specify)	%

IF INVOLVED IN PLANNING SUPERVISOR'S DUTIES, PLEASE COMPLETE THE SEPARATE CDM QUESTIONNAIRE

8. Please indicate to what structures your activities extend

Individual Dwellings	%	Hospitals, Nursing Homes	%
Roads, Highways	%	Refineries and Petro-Chemical	%
Low Rise Multiple Dwellings	%	Hotels and Leisure Centres	%
Bridges, Tunnels and Dams	%	Manufacturing Plants	%
High Rise Multiple Dwellings	%	Schools and Universities	%
Railways, Airports, Harbours and Jetties	%	Industrial Building Systems	%
Modular Dwellings (Repetitive)	%	Retail/Business Parks	%
Commercial Offices/Shopping Centres	%	Aborted Projects	%
Water Schemes, Sewerage	%	Other (please specify)	%
Power Plants	%		

9a) Please state the gross fees received for each of the last three financial years billed to clients and an estimate for the next twelve months or an estimate, if you have not yet traded.

Year	U.K.	Worldwide ex USA/Canada	USA/Canada
20	Fees		
20	Fees		
20	Fees		
Estimate			
20	Fees		
Financial Year ends:	(Month)		

b) What percentage of fees is paid to sub-contractors or consultants? %

10a) Please list the three largest contracts undertaken in the last three years:

i)

ii)

iii)

b) What is the largest annual income earned from a single client in the last twelve months?

In the case of Overseas contracts, please list the countries involved and whether U K or local law applies. Also, please give brief details of the contract(s) and size.

11 Please provide a description of your business activities in your own words including any specialisations, clarify the type of work normally carried out, whether consisting of well-established techniques or the nature of new and original-thought developments, processes or design employed. State whether and what licensing or similar agreements are in force and the degree to which supervision of them is exercised. Also, please state if the end product of your work is critical to the continued process of any of your clients' systems, failure of which could result in pecuniary loss to them.

12 Have you, at any time, entered into a contract signed under seal or signed a collateral warranty?

YES/NO

If yes, please give details

13 Have you, **at any time**

- a) engaged in contracts involving prototype construction or materials? **YES/NO**
- b) specified or given advice in connection with EPS (expanded polystyrene) or polyurethane core sandwich panels **YES/NO**
- c) designed, specified or given advice in connection with cladding, glazing or curtain walling and/or fixings? **YES/NO**

If yes, please give full details

14 Do you have liability within the Construction (Design & Management) Regulations 1994, either as a Planning Supervisor or as a Designer? **YES/NO**

IF YES, PLEASE COMPLETE THE SEPARATE CDM QUESTIONNAIRE

15a) When Professional Sub-contractors or Specialist Consultants are engaged, have you, in the past, and will you in the future endeavour to ensure that they are appointed directly by and paid by the client? **YES/NO**

b) Have you and will you ensure that such persons or firms have entered into a binding contract accepting full responsibility for their own Professional neglect, error or omission and that they carry and maintain in force Professional Indemnity insurance? **YES/NO**

IT IS A CONDITION OF THIS POLICY THAT P I INSURANCE IS MAINTAINED BY THIRD PARTY PROFESSIONALS, TO ALLOW FOR SUBROGATION, IN THE EVENT OF A CLAIM

16a) If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

b) Do you undertake work for or are you associated, either by shareholding or official position, with any company/organisation, where you are in a position to make major decisions? **YES/NO**
If yes, please give details.

c) Have any of the Partners, Principals or Directors been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily? **YES/NO**
If yes, please give details

17 Do you wish to consider any of the following extensions?

Loss of Documents **YES/NO**

Unintentional Breach of Confidentiality **YES/NO**

Libel & Slander **YES/NO**

Unintentional Breach of Copyright **YES/NO**

Dishonesty of Employees **YES/NO**

Claims arising from Associated Companies **YES/NO**

18 Do you currently have Professional Indemnity insurance? **YES/NO**

If yes, please give details.

Expiry Date:

Limit:

Excess:

Insurer:

19 Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms? **YES/NO**

If yes, please give details.

20 Please state: limit of indemnity required

: self insured excess

21a) Do you always require satisfactory written references when engaging employees? **YES/NO**

b) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature?

YES/NO

If yes, please give details

c) How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

d) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unrepresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

22 Have you EVER had any claims made against you or know of any circumstances that could or would have resulted in a claim, if cover had been in force? YES/NO
If yes, please give full details.

C D M QUESTIONNAIRE

TO BE ANSWERED BY ANY INDIVIDUAL OR FIRM APPOINTED AS A PLANNING SUPERVISOR

1a) Do you propose to offer services where you could be liable under the Construction (Design and Management) Regulations, either as a designer, CDM Co-ordinator or a Planning Supervisor?

YES/NO

b) If you are ever **appointed as both**, do you ensure that you have separate appointments, in view of the possible conflict of interest?

YES/NO

2 Please describe the services that you intend to offer in this connection?

3a) Have these tasks been allotted to specific individuals?

YES/NO

b) If yes, what steps have been taken to ensure that any individuals undertaking the role of designer or Planning Supervisor are adequately experienced in relevant health and safety aspects?

c) Have or will those individuals, who will act as designers or undertake Planning Supervisors' duties, attend(ed) specific CDM courses?

YES/NO

If yes, please give details and advise if they have or will become certificated.

If not, please explain how they are qualified to undertake the task.

4a) Do you ensure that you are appointed at the outset of a contract and that the client and all sub-contractors/consultants are fully aware of their duty under the CDM regulations? **YES/NO**
If not, please give details.

b) Have you ever been appointed **after** tender stage of a contract or after construction is under way? **YES/NO**
If yes, please give details

5 Have there been any occasions where you have become aware that there is no health and safety file for on-site utilities? **YES/NO**
If yes, please provide details

6 Have you been involved in any projects where there has been a serious delay in completing health and safety files or assessing plans, on behalf of a client? **YES/NO**
If yes, please give full details