

PROFESSIONAL INDEMNITY INSURANCE

PROPOSAL FORM

ARCHITECTS & CONSULTING ENGINEERS ANNUAL COVER

I. General data		
1.	Name of firm	
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 been purchased or any merger or consolidation taken place ? If so, give full details.	Yes / No
7.	Details of all practicing principals or partners.	
	Names	Qualifications, dates qualified / Position held in company

	Total duration of professional Experience.	and how long.
8.	Total number of principals, partners and staff Technical : - Principals, partners of officers. - Other qualified engineer. - Qualified architects. - Surveyors. - Draughtsmen. - Other qualified staff (please specify). - Trainee staff (please specify). Total non-technical / administration staff.	Numbers _____ _____ _____ _____ _____ _____ _____
9.	Do you give work to independent firms, subcontractors and/or If so, please state kind of work and percentage of fees. (The professional liability of such independent firm is not covered under the proposed policy).	Yes / No _____%
10.	Are you financially connected with a client ? Name of client.	Yes / No
11.	Is a major part of the work carried out for only one client ?	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 Engineering. b) Structure Engineering. c) Mechanical Engineering. d) Electrical Engineering. e) Heating and ventilating Engineering. f) Chemical Engineering. g) Soil Engineering. h) Others, not shown (please specify).	
2.	Division of the firm's activities a) Feasibility studies, reports, surveys, etc. Please specify projects. b) Bridges and/or tunnels and roads.	% of total fees _____% _____%

	c) Dams, rivers and ports / harbours, jetties d) Mines, underground or subaqueous works e) Airports f) Sewerage schemes, water supply g) Foundations and underpinning railway and subway h) Water schemes, agricultural engineering i) Nuclear or atomic projects j) Chemical, petrochemical plants k) Housing schemes, architecture l) High-rise buildings m) Schools, hospitals, municipal buildings n) Industrialized system buildings o) Mechanical plant and bulk handling equipment (including silos, etc.) p) Other works including any specialist activities not shown (specify which)		_____ % _____ % _____ % _____ % _____ % _____ % _____ % _____ % _____ % _____ % _____ % _____ % _____ %
3.	Responsibilities a) Design only b) Supervision of construction c) Design and supervision d) Project management (turn-key contract) (see also III/3)		
4.	Construction values and fees		
		Past Financial Year	Current Financial Year
	a) Construction values		Estimate coming financial Year
	b) Gross fees received		
5.	List some of the largest and typical jobs performed by your firm during the last five years (brief description including values & Fees)		

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III. Further activities		
1.	Do you also concern yourself with the sale and administration of real 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 obtain commission from the sale or distribution of such goods ? What goods ?	Yes / No
5.	Are you connected with firms constructing houses and flats or with auxiliary 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 / No Yes / No Yes / No
6.	Do your activities include giving expert opinions ? Also for municipal and state authorities ? 	Yes / No Yes / No

IV. Previous Insurance / previous claims			
1.	Have you previously been insured ? If so, please specify :		Yes / No
Name of Insurer	Policy Period	Policy wording on Claims – made basis. Occurrence basis.	Limit of Indemnity

1.		<input type="checkbox"/>	<input type="checkbox"/>	
2.		<input type="checkbox"/>	<input type="checkbox"/>	
3.		<input type="checkbox"/>	<input type="checkbox"/>	
4.		<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	
2.	Has a previous application been declined ? Has a previous insurance a) required increased premium ? b) required special restrictions ? c) been terminated/not been renewed by an insurer ? If so, please give detailed information.			Yes / No Yes / No Yes / No Yes / No
3.	Have any claims been made during the past five years against your firm ? If so, please advise amount and background of each claim.			Yes / No
4.	Is your firm aware of any circumstances or incidents which may result result in a claim or claims against your firm ? If so, please give details.			Yes / No
V. Indemnity required				
1.	Limit any one accident.			
2.	Limit in the annual aggregate			
3.	Deductible each and every claim to be borne by insured			
VI. Extension to basic cover				
1.	Loss of documents Limit			Yes / No _____

<p>2. Dishonesty of employees</p> <p>If so, please answer the following questions :</p> <p>a) Has the firm sustained any loss through the fraud or dishonesty of any employee ?</p> <p>b) Is any employee allowed to sign cheques without countersignature by a partner ?</p> <p>If so, up to what amount ?</p>	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>_____</p>
<p>3. Libel and slander</p>	<p>Yes / No</p>
<p>4. Partners' previous business</p> <p>a) Incoming partners</p> <p>b) Outgoing partners</p> <p>If this extension is required, please advise names of the partners and Incoming / outgoing dates.</p>	<p>Yes / No</p> <p>Yes / No</p>

I / We declare that the statements and particulars in this proposal are true and that I / We have not mis-stated or suppressed any material facts. I / We agree that this proposal, together with any other information supplies 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 of _____

For and behalf of _____
 (insert name of firm)

Signature of partner or principal _____

Please attach a brochure concerning your firm.