

# SENIOR WRIGHT INDEMNITY LIMITED

---

Boundary House  
7/17 Jewry Street  
London EC2N 3EX  
Phone: 020 7680 5789  
Fax: 020 7680 5790

---

## PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM ARCHITECTS, ENGINEERS AND ASSOCIATED PROFESSIONS

---

1. Please ensure that this Proposal Form is completed in ink by either a Partner, Director, Principal or Officer of the Firm, leaving no questions unanswered.
2. A number of questions request; 'YES' or 'NO' answers. Please ✓ (tick) the box that DOES apply.
3. Should there be insufficient space to answer any questions please give full details on your Firm's own headed note paper. Please ensure that same is SIGNED, DATED and makes clear reference to the question(s) to which it/they refer to on the Proposal Form. If a supplement attaches to this Proposal Form, please ✓ here .
4. Depending upon the qualifications and/or experience of the Partner(s)/Director(s)/Principal(s) of the Firm, Underwriters reserve the right to request a Curriculum Vitae of any of the named above before considering their position.
5. Completion of this Proposal Form does not automatically bind the Firm or Underwriters to effect a Contract of Insurance.
6. Wherever the word 'Partner' appears herein, this is deemed to read 'Partner(s), Director(s) or Principal'
7. Wherever to word 'Employee' appears herein, this is deemed to read 'Any person who is or has been under a contract of service for or on behalf of the Firm'
8. Should the Firm require any advice in what may constitute material information or any information which is relevant to this Proposal Form then the Firm must seek advise before same is completed.

**STRICTLY CONFIDENTIAL**  
**PLEASE COMPLETE IN BLOCK CAPITALS**

**1. THE FIRM**

a) Name(s):

Main Postal Address:

Postcode:

Tel:

Fax:

Electronic Mail Address:

Date Established:

b) All other branch offices (Town/City only):

**2. PARTNER(S) DETAILS**

Full Name	Age	Qualifications	Date Obtained	No. years With Firm

**3. AMALGAMATIONS/TAKEOVERS**

Has the name of the Firm(s) changed or has any amalgamation or takeover occurred?      Yes    No  
 If 'YES' please provide full details:

**4. PARTNERS PREVIOUS LIABILITY (PPL)**

Is indemnity required in respect of liability of PPL prior to joining the Firm?

If 'YES' please provide:

Yes    No

a) Name(s) of Individual(s) concerned

b) Name of previous firm(s)

c) Date(s) at which Individual(s) joined and left previous firm(s)

d) How long (in years) a Partner at previous firm(s)?

e) How many other Partners at the previous firm(s)?

d) Have any claims for alleged Professional Negligence been made and settled against previous firm(s) or are there any outstanding?      Yes    No

If 'YES' provide full details:

**5. OCCUPATION**

Is the business of the Firm a part-time occupation? Yes No

If 'YES' please provide full details of full-time occupation:

**6. PERMANENT STAFF** (Excluding 2 above)

Numbers of: a)Qualified:\_\_\_\_ b)Unqualified:\_\_\_\_ c)Contract hired staff:\_\_\_\_ d)Others:\_\_\_\_

**7. FINANCIAL YEAR**

State which month ends the Firm's Financial Year:

**8. ANNUAL FEE INCOME**

- a) State Firm's Annual Fee Income for each of the last three financial years and anticipated Annual Fee Income for the next financial year (If the Firm has not been in operation for 12 months, a first year estimate need only be given under next financial year):

	Last 3 Years			Next Financial Year
	19	20	20	20
UK (inc. C./I./O.M.)	£	£	£	£
Overseas (Excluding USA/Canada)	£	£	£	£
USA/Canada	\$	\$	\$	\$

- b) State Overseas Countries where the Firm's Annual Fee Income has have been earned:  
Not Applicable
- c) What proportion of the Firm's Annual Fee Income emanates from the Firm's largest client? \_\_\_\_%
- d) What proportion of the Firm's Annual Fee Income includes Reimbursable Costs? \_\_\_\_%
- N.B. Reimbursable costs are such expenses as travel, telephone, accommodation or photocopying charges.

**9. BRANCH OFFICES**

- a) What percentage of the Firm's Annual Fee Income is derived from each branch address (if more than one – refer to question 1)  
Not Applicable
- b) Is each branch office supervised by a Partner? Yes No  
If 'NO' please provide full details:

**10. PROFESSIONAL SERVICES**

What percentage of Annual Fee Income (last financial year) has been earned from:-

- |  |   |
|--|---|
| a) Architecture ____%                  | j) Interior Design ____%                    |
| b) Civil Engineering ____%             | [No responsibility for structural elements] |
| c) Structural Surveys ____%            | k) Town Planning ____%                      |
| d) Structural Engineering ____%        | l) Quantity Surveying ____%                 |
| e) Building Services Engineering ____% | m) Project Co-ordination ____%              |
| f) Acoustic Engineering ____%          | n) Project Management ____%                 |
| g) Chemical Engineering ____%          | o) Landscape Architecture ____%             |
| h) Soil Engineering ____%              | p) Planning Supervisor ____%                |
| i) Nuclear Engineering ____%           | q) Any Other ____%                          |

(REMEMBER 10 a) – q) MUST EQUAL 100%)

Express as an approximate percentage of the Firm's Annual Fee Income (last financial year) services relating to:-

- |  |           |
|--|-----------|
| a) Design and supervision of construction  | a) _____% |
| b) Supervision of construction designed elsewhere  | b) _____% |
| c) Inspection of construction designed elsewhere   | c) _____% |
| d) Design, with no supervision or inspection   | d) _____% |
| e) Project management  | e) _____% |
| f) Project co-ordination   | f) _____% |
| g) Acting as a Building Contractor i.e. where NO<br>Professional Services are performed by the Firm: | g) _____% |

(REMEMBER 10 a) – g) MUST EQUAL 100%)

**11. CONSORTIUM AGREEMENTS**

Is the Firm a member of a Consortium or Group Practice or engaged in any Single Project Partnership?

Yes No

If 'YES' please provide the names of other members/partners and their capacities in the Consortium/Group Practice/Single Project Partnership.

**Please Note:** Special arrangements must be made with Underwriters if cover is to be granted for work/services done/provided whilst a member of Consortium/Group Practice/Single Project Partnership will be required. In such cases, a copy of the Consortium/Group Practice Agreement/Single Partnership will be required.

**12. CURRENT P I INSURANCE**

State particulars of the Firm's current insurance:

Level of Indemnity	Uninsured Excess	Premium	Insurer (not Broker)	Renewal Date
£ _____	£ _____	£ _____	_____	___/___/20___

**13. P I QUOTATIONS REQUIRED** (Please ✓ box(es))

i) £100,000    ii) £250,000    iii) £500,000    iv) £1,000,000    v) Other (specify) £ \_\_\_\_\_

**14. PREVIOUS PROFESSIONAL INDEMNITY INSURANCE**

Has any Insurer ever cancelled, declined, refused to renew or required an increased premium or imposed special (punitive) policy terms? Yes    No

If 'YES' please provide full details:

**15. FIRM'S LARGEST PROJECTS/CONTRACTS**

a) Please list the Firm's 6 Largest Projects/Contracts completed during the last 5 years.

Firm's Services	Project Location	Client	Firm's Fee	Project Contract Value	Start Date	Completion Date
1.			£	£		
2.			£	£		
3.			£	£		
4.			£	£		
5.			£	£		
6.			£	£		

b) Please list the Firm's 3 largest Projects/Contracts where construction/erection is expected to commence in the next financial year:

Firm's Services	Project Location	Client	Firm's Fee	Project Contract Value	Start Date	Completion Date
1.			£	£		
2.			£	£		
3.			£	£		

c) Have more than 50% of the Firm's Annual Fee Income (last financial year) been derived from either; a single Client or single Contract? Yes    No

If 'YES' please provide full details (name of Client/Project and Firm's Professional Services rendered, indicating how long the Firm expects this business relationship to continue).

**16. ABORTED/SHELVED CONTRACTS:**

What approximate percentage of the Firm's Annual Fee Income (last financial year) relates to Contracts/Projects that have been Aborted or Shelved \_\_\_\_\_%.

**17. BUILDING VALUES:**

State total Building Values certified by the Firm during the last financial year £ \_\_\_\_\_

**18. FEASIBILITY STUDIES:**

State appropriate percentage of the Firm's Annual Fee Income (last financial year) which relate directly to Projects/Contracts that only reached Feasibility Study Stage? \_\_\_\_\_%

**19. CONTRACTS/PROJECTS:**

a) Express as an approximate percentage of the Firm's Annual Fee Income (last financial year) services relating to:

Flats Lowrise	_____%	Airports	_____%
Flats over 4 storey	_____%	Water Systems	_____%
Hotels/Motels	_____%	Sewage Treatment Systems	_____%
Housing	_____%	Industrial Waste Treatment	_____%
Office Buildings	_____%	Site Development	_____%
Shopping Centre/Retail	_____%	Roads/Highways	_____%
Multi Storey Car Parks	_____%	Bridges	_____%
Warehouses	_____%	Tunnels	_____%
Manufacturing/Industrial	_____%	Dams	_____%
Churches	_____%	Harbours/Piers/Ports	_____%
School/Colleges	_____%	Landfills	_____%
Hospitals/Healthcare	_____%	Petro/Chemical	_____%
Recreations/Sports	_____%	Nuclear/Atomic	_____%
Libraries	_____%	Prisons	_____%
Amusement Rides	_____%	Other (Specify)	_____%
		TOTAL (must equal 100%)	_____100%

19. b) Indicate the approximate percentage of the Firm's Annual Fee Income (last financial year) derived from the following clients of the Firm:

Domestic	____%	Developers	____%	Contractors	____%
Housing Association	____%	Local Authority/ Government	____%	Other, please specify	____%

---

20. **RECOVERY OF PROFESSIONAL FEES:**

- a) Does the Firm anticipate the need to activate (or has the Firm in the last two years activated) legal proceedings for recovery of any (part or whole) Professional Fees against any Client or Outside Party?  
Yes No
- b) Has the Firm received any intimation from any Client or Outside Party to withhold payment of Professional Fees due to the Firm?  
Yes No

If 'YES' to 20b) is any retention of outstanding Professional Fees known or believed to be because of any dissatisfaction with the Firm's Professional Services?  
Yes No

If 'YES' to either 20a) or b) please provide full details:

---

21. **NON PROFESSIONAL ACTIVITIES**

Has the Firm engaged in:

- a) Actual construction, fabrication or erection: Yes No
- b) The development, sale or, leasing of computer software to others: Yes No
- c) Direct property development: Yes No
- d) The manufacture, sale, leasing or distribution of any products, process or patented production process:  
Yes No

If 'YES' to 21a), b), c) or d) please provide full details on a sheet of the Firm's headed notepaper, including a full description of the services provided, construction values involved and Professional Fees received.

---

22. **ASSOCIATED FINANCIAL INTERESTS**

- a) Does any Partner of the Firm hold a Partnership/Directorship or have any other financial interest in any other Firm, Company or Organisation (other than as share or stockholders in a Publicly Quoted Company)?  
Yes No
- b) Is there any person above who has a controlling interest in any of these organisations (Question 22a)?  
Yes No
- c) Does the Firm carry out any work for any of the organisations referred to above?  
Yes No

If 'YES' to 22a), b) or c) please provide full details:

**23. FORMS OF CONTRACT**

Does the Firm use a standard form of contract, agreement or letter of engagement? Yes No

If 'NO' please provide Underwriters with the rationale behind undertaking commissions where no standard form of contract agreement or letter of appointment is used by the Firm:

**24. INDEPENDENT SUB-CONSULTANT(S):**

a) Does the Firm pass work to any independent sub-consultant(s)? Yes No

If 'YES' please provide full details:

b) State gross Professional Fees received by the Firm during the last financial year which have been passed/paid away to independent sub-consultants £ \_\_\_\_\_

Please note: Underwriters legal rights of recourse against such independent sub-consultant(s) will remain unless specifically requested and waived by Underwriters.

**25. RECORDS/ARCHIVED FILES**

a) Are all working papers, records or documents relating to the business activities of the Firm (or any Predecessors in business as stated in answer to questions 3 or 4) kept for at least 6 years in a secure and accessible location? Yes No

If 'NO' Why not?

b) Have any working papers, records or documents relating to the business activities of the Firm been destroyed (which have not been duplicated or stored on micro film/computer disk)? Yes No

**26. CLAIMS AND/OR RELATED MATTERS:**

Due to the Claims Made basis of Professional Indemnity Insurance please give very careful consideration to the following five questions. It is absolutely essential that these questions are answered correctly, failure to do so could well prejudice the Firm's rights under any insurance contract effected with Underwriters.

a) Have any claims for professional negligence, been made against the Firm or any current or former Partner whilst acting on behalf of the Firm? Yes No

If 'YES' please provide full details, including amounts involved:

b) AFTER FULL ENQUIRY within the Firm are there ANY claims/circumstances, such as allegations or incidents that the Firm is aware of, which have not been previously reported to Professional Indemnity Insurers? Yes No

If 'YES' please provide full details:

26. c) Has any current or former Partner or Employee ever been asked to stand before or attend a Disciplinary Committee or Regulatory Board, other than as a witness or independent expert? Yes No
- d) Has any current or former Partner or Employee ever been declared bankrupt, insolvent or entered into any special financial arrangement with creditors? Yes No
- e) Has any current or former Partner or Employee ever been convicted of a Criminal Act, other than motoring offences? Yes No

If 'YES' please provide full details:

---

**DECLARATION**

I/We declare that the above statements and particulars, together with any other information supplied/attaching to this Application Form are true and I/We have not suppressed or misstated any material facts. I/We agree that this declaration shall be the basis of the contract between the Firm and Underwriters. I/We undertake to inform Underwriters of any material alteration to these facts occurring before/during currency of the Contract of Insurance.

**SIGNATURE OF PARTNER/DIRECTOR/PRINCIPAL/OFFICER:** \_\_\_\_\_  
please indicate title of signatory

**PLEASE PRINT NAME** \_\_\_\_\_ **DATED:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR & ON BEHALF OF:** \_\_\_\_\_  
insert the name of the Firm

**PLEASE NOW TAKE A COPY OF THIS APPLICATION FORM FOR YOUR RECORDS.**