

SENIOR WRIGHT INDEMNITY LIMITED

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PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR DESIGN AND CONSTRUCTION

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.

A division of Senior Wright Limited, Lloyd's Brokers. 7-17 Jewry Street, London, EC3N 2EX.

IMPORTANT NOTICE

It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence an Insurer's judgement and acceptance of your proposal and/or any terms of such acceptance. Of your proposal is a renewal it should also include any change in facts previously advised to Insurers. If you are in any doubt about facts considered material, disclose them. The notification of claims/potential claims is of particular importance. FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Insurers to void the Policy.

1. Name of Firm (including previous and subsidiary firms requiring cover):

2. Address(es) of Firm:

3. When was the Firm established?

4. Are you financially associated with any other firms? Yes No

If 'Yes', please give full details.

5. During the past five years has the name of the Firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes No

If 'Yes', please give full details

6. THE DESIGN AND CONSULTING DEPARTMENT STAFF DETAILS

(a)

Names of principals and senior members of staff:	Qualifications and dates qualified:		Title of position and length of time as such:	

(b)

Numbers of Staff	Home Based	Overseas Based
Principals and senior qualified members as listed:		
Other Technical and Qualified Staff		
Clerical, Typists, Others:		
Totals:		

(c) Do you use independent specialist consultants? Yes No

If 'Yes', please give full details.

(d) Are any persons ever hired from outside agencies on a short term basis?

Yes No

If 'Yes', please give full details

7a) Please give an approximate percentage split of the disciplines within your design and consulting department:

Architectural	%	Chemical Engineering	%
Civil Engineering	%	Soil Engineering	%
Structural Engineering	%	Nuclear Engineering	%
Mechanical Engineering	%	Surveying:	
Electrical Engineering	%	i) Land	%
Heating and Ventilating Engineering	%	ii) Quantity	%
Planning Supervisor	%	iii) Building	%
Cladding	%	Others – please specify	%

7b) Has your firm ever been involved in the design, supervision, inspection, installation or any other type of services relating to cladding or cladding systems? Yes No

NB. It is very important that Insurers are made fully aware of any involvement in this area (question 7b) of the construction industry. Insurers must be advised in writing of any such work, in order that they may be given the opportunity to consider and decide whether or not to provide indemnity.

8. (a) Indicate as a percentage of total work the extent of the following activities:

HOME BUILDING	Design (only)	Design & Construct
1. Individual Dwellings	%	%
2. Low Rise Multiple Dwellings	%	%
3. High Rise Multiple Dwellings	%	%
4. Modular Dwellings (i.e. involving repetitive design)	%	%
ENGINEERING CONSTRUCTION	Design (only)	Design & Construct
1. Individual Dwellings	%	%
2. Bridges, Tunnels and Dams	%	%
3. Railways, Airports, Harbours and Jetties	%	%
4. Sewage/Water Schemes	%	%
INDUSTRIAL	Design (only)	Design & Construct
1. Power Plants	%	%
2. Refineries and Petrol Chemical Installations	%	%
3. Manufacturing Plants	%	%
4. Industrial Buildings Systems	%	%

AMENITIES

	Design (only)	Design & Construct
1. Hospitals and Nursing Homes	%	%
2. Schools and Universities	%	%
3. Hotels and Recreation Centres	%	%

Do you engage in the manufacture or fabrication of any pre-engineered unit?

Yes No

If 'Yes', please give full details;

(b) Add here a statement of the type of work normally carried out, whether consisting of well established techniques or of the nature of new and original thought developments, processes or designs employed. State whether and what licensing or similar agreements are in force and the degree to which supervision of them is exercised by associates.

(c) Have you ever failed to complete a project? Yes No

If 'Yes', please explain reason and type of project etc.

9. Please give details of Turnover / Professional Fee Income.
(to the nearest £1,000)

Past
Financial Year
(Year Ending)

Current
Financial Year
(Year Ending)

/...../.....	/...../.....	
	UK	Overseas	UK	Overseas
(a) Turnover where the Firm Designs and Constructs from their Own Design and provides full Technical Supervision	£	£	£	£
(b) Turnover where the Firm Constructs/Installs from Others' design performed on behalf of the Firm (i.e. where there is a contingent design liability)	£	£	£	£
(c) Professional Fees where the Firm provides:				
i) Design and Technical Services only (i.e. no Construction/Installation is undertaken by the Firm)	£	£	£	£
ii) Project Management or Supervision of Construction/Installation services only (i.e. no Construction/Installation is undertaken by the Firm)	£	£	£	£
(d) Turnover where the Firm Constructs/Installs from Others' design and Others' Technical Supervision not performed on behalf of the Firm	£	£	£	£
(e) Turnover not mentioned above (please give full details below) – these activities will not normally be covered by this proposed insurance	£	£	£	£

10. (a) Please give details of the five largest contracts commenced during the last five years where the Design and Consulting Department has been involved.

Date Started	Name and Type of Project	Services Performed	Total Contract Value	Estimated Date of Completion

- (b) Please give details of any major new operations being undertaken during the next twelve months.

11. Are all Associates and/or Subsidiary Companies' Design/Departments/Sections work checked by Head Office?

Yes No

If 'No', please give details

12. (a) Is the Firm or any Principle a member of a consortium or joint venture?

Yes No

- (b) Has the Firm or any Principal previously been a member of a consortium or joint venture?

Yes No

If the answer to (a) or (b) is 'Yes', special arrangements must be made with the Insurers. Provide the relevant dates and the names of the other members and their respective capacities in the consortium or joint venture on a separate letterhead sheet together with copies of any contracts or agreements.

13. Has the Firm a Quality Assurance System in place?

Yes No

If 'Yes', provide a copy of your certificate.

14. Has the Firm or any Partner, Principal or Director or any other company or organisation related to the Firm ever provided services in connection with the identification, evaluation, treatment or removal of asbestos, chemicals or other hazardous materials?

Yes No

If 'Yes', give details.

15. Have those persons in the Design and Consulting Department provided Planning Supervisor Services as defined in the Construction (Design and Management) Regulations 1994 passed a relevant professional body's training course?
 Yes No

16. (a) If the Firm is currently insured please state:

- (i) Name of insurers:
- (ii) Indemnity Limit: £
- (iii) Excess: £
- (iv) Expiry date of present policy:
- (v) Numbers of years the Practice has been continually insured:
- (vi) Retroactive date of current P.I. policy:

(b) Has any Proposal for similar Insurance made on behalf of the Firm, any predecessors in business, or present partners, ever been declined or has any such Insurance ever been cancelled or renewal refused?
 Yes No

17. Has any claim been made against the Firm or any Director, Partner, Principal or Member of the staff at this firm or while in a previous firm?
 Yes No

If 'Yes', please give details.

18. Are there any circumstances or incidents which have resulted or which may result in any claim being made against the Firm, or any of the Partners/Principals or employees, either past or present, whilst they were in the Firm, or in any previous Firm, or position?
 Yes No

If 'Yes', please attach a statement giving full details on a separate letterhead sheet.

19. What is the amount of indemnity required? (Please tick boxes)

£250,000 £500,000 £1,000,000 £2,000,000

20. What is the amount of excess that your Firm would be prepared to carry in respect of each claim? (Please tick boxes)

£2,500 £5,000 £10,000 £25,000 or more

DECLARATION

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 supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance. Signing this Proposal Form does not bind the Proposer or Insurer to complete this Insurance.

Dated this.....day of.....20.....

For and on behalf of.....
(insert name of Firm)

Signature of Partner/Principal/Director.....