

Professional Indemnity Insurance Design and Construction Proposal Form

Professional Indemnity Insurance for Design and Construction

Proposal Form

Please read the following carefully before completing this proposal form. To present a clear and unambiguous picture and to ensure that underwriters understand the nature of your risk:

- 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.
- Where a question is not applicable to your particular circumstances, please write N/A.
- 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 you, or insurers, to complete this contract of insurance.
- If this proposal relates to a new business or venture, please complete the questions as far as possible, giving estimated income and information about your anticipated activities.
- Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

1.	. a) Name of Firm(s) (including any subsidiary requiring cover)					
	b)	Date established				
c) Address(es) (specifying who is responsible, if there is more than one location)		responsible, if there is more than				
				Posto	code	
	d)	Website		Email address		
	e)	Name(s) of any previous Firm(s) requirin	g cover and the date(s)	on which they ceased	d trading	
2.	a) Design & Professionally - related staff					
		Name of Individual, Partner, Principal or Director		Age and Qualifications	Date Qualified	Number of years Practical Experience

b) Please provide

Nar	mes of all Senior Staff	Age and		Number of years
	ularly used	Qualifications	Date Qualified	Practical Experience
0	,			
c) If less than 5 years experience, please give details of p	previous work.		Yes No
3. a	 Is any Individual or the Firm admitted to any Association If yes, please give details. 	on or Trade Body?		Yes No
t) Has any person been the subject of disciplinary proceed If yes, please give details.	edings by any professio	nal body?	Yes No
4. F	Please state the total number of Partners, Principals or Dir	rectors		
	Qualified	d Staff		
	Other Technical Staff (excluding Administr		Administ and all ot	
	,			
5. a	Have there been any major changes in the activities unlikely to take place in the next twelve months? If yes, please give details.	ndertaken during the p	ast twelve months or a	Yes No No
b	o) Is cover required for any activity, now ceased, which is If yes, please give details.	s different from those o	declared, within this pro	oposal form? Yes No

	Civil Engineering	%
	Soil Engineering	%
	Structural Engineering	%
	Nuclear Engineering	%
	Mechanical Engineering	%
	Interior or Non-Structural refurbishment	%
	Fabrication	%
	Electrical Engineering	%
	Landscape Architecture	%
	H.V.A.C. Engineering	%
	Non-Structural Space Planning	%
	Chemical Engineering	%
	Surveying (Land, Quantity, Building)	%
	Other (please specify)	70
	IF YOU ARE INVOLVED IN CLADDING, CURTAIN-WALLING OR GLAZING TRADES, PLEASE COMPLETE THE S	EPARATE CLADDING
	QUESTIONNAIRE	
7.	Please indicate to what structures your activities extend	
	Individual Dwellings	%
	Roads, Highways	%
	Low Rise Multiple Dwellings	%
	Bridges, Tunnels and Dams	%
	High Rise Multiple Dwellings	%
	Railways, Airports, Harbours and Jettie	%
	Modular Dwellings (Repetitive)	%
	Commercial Offices/Shopping Centres	%
	Water Schemes, Sewerage	%
		%
	Power Plants	
	Power Plants Hospitals, Nursing Homes	%
		%
	Hospitals, Nursing Homes	% %
	Hospitals, Nursing Homes Refineries and Petro-Chemical	% % %
	Hospitals, Nursing Homes Refineries and Petro-Chemical Hotels and Leisure Centres	% % % %
	Hospitals, Nursing Homes Refineries and Petro-Chemical Hotels and Leisure Centres Manufacturing Plants	% % % %
	Hospitals, Nursing Homes Refineries and Petro-Chemical Hotels and Leisure Centres Manufacturing Plants Schools and Universities	% % % % % % % %
	Hospitals, Nursing Homes Refineries and Petro-Chemical Hotels and Leisure Centres Manufacturing Plants Schools and Universities Industrial Building Systems	% % % %

%

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

Architecture

Year		UK	Worldwide ex USA/Canada	USA/Canada
20	Turnover			
20	Turnover			
20	Turnover			
stimate				
Year		UK	Worldwide ex USA/Canada	USA/Canada
20	Turnover			
nancial Yea	r ends (Month)			<u> </u>
b) What	percentage of turnover is paid	d to sub-contractors or consultants?		
c) Please	break down your turnover bety	veen the following activities:		
i) '	Where you design and constru	ct, from your own design		£
ii) \	Where you provide design only	/		£
iii) \	Where you provide design and s	upervision, of third party labour		£
	Where you construct from the own P.I. insura	design of qualified architects or engince	ineers, appointed on your behalf,	£
v) W		sign supplied by the Principal, Employ	er or Client but have no	£
vi) W		designs, undertaken on your behalf	and they also undertake the	£
vii) \	Where you construct only			£
viii) (Other (e g Manufacture)			£
a) Please i) [ii) [e list the five largest contracts u	ndertaken in the last three years (wh	ere you have a Professionally related I	egal responsibility)
iii)				
iv)				
v)				
b) What	is the largest annual income e	earned from a single client in the la	st twelve months?	
	case of Overseas contracts, ple	ase list the countries involved and wh	nether U K or local law applies.	
. Please cla	arify the type of work normally	carried out, whether consisting of values of signs employed. State whether and	well-established techniques or the n what licensing or similar agreement	
	, ever , failed to complete a praction and type			Yes No

	Have you, at any time, entered into a contract signed under seal or signed a collateral warranty?If yes, please give details.		
13. Ha	ıve you, at any time		
	engaged in the manufacture or fabrication of pre-engineered units?	Yes	No
b)	engaged in contracts involving prototype construction or materials If yes, please give full details	Yes	No
14. a)	Do you or have you, at any time, provided technical literature, which goes beyond standardleaflets/brochures?	Yes 🗌	No 🗔
·	If yes, please give full details		\Box
D)	Do you or have you, at any time, given advice on product suitability or installation techniques? If yes,	Yes	No
	i) what steps do you take to ensure that this is only given by designated individuals?		
	ii) what caveats does the advice contain?		
c)	Do you run technical seminars? If yes, please give full details	Yes	No
d)	Do you provide software packages for the use of third parties? If yes, please confirm that these are supplied subject to any disclaimer or limitation of liability.	Yes	No
	o you use standard Contract Conditions/Letter of Appointment?	Yes	No
	ves, please attach a copy no, please give details of how you define your duties to your clients.		
16. a)	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
17. a)	If you are a member of a consortium or have entered into a joint-venture agreement, please give details.		
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	re you associated, either by shareholding or offici position to make major decisions?	al position, with any company/	Yes No
	pals or Directors been a Partner, Principal or Directing, either voluntarily or compulsorily?	tor or been associated with	Yes No
18. Do you wish to consider any of the	ollowing extensions?		
Loss of Documents			Yes No
Unintentional Breach of Confidenti	lity		Yes No
Libel & Slander			Yes No
Unintentional Breach of Copyright			Yes No
Dishonesty of Employees			Yes No
Claims arising from Associated Cor	panies		Yes No
19. Do you currently have Professional In If yes, please give details.	lemnity insurance?		Yes No
Expiry date	Limit £	Excess £	
Insurer		Number of Years	s Plcover
	demnity insurance cancelled, declined or only writt	en at special terms?	Yes No
If yes, please give details. 21. Please state			
limit of indemnity required	£		
self insured excess	£		
22. a) Do you always require satisfact	ry written references when engaging employees?		Yes No
b) Is any Partner, Principal, Director If yes, please give details.	or Employee allowed to sign cheques on their sole s	ignature?	Yes No
c) How often are employees who	eceive cash or cheques, during the course of thei	ir duties, required to pay these	in?
reconciled with bank statemen	t on all entries in cash books, with all paying-in bo s, including the balance of cash and unpresented of the Firm or in trust, on behalf of others?		

23. Have you or any Partner, Principal, Director or employee EVER had any claims made against you or know of any circumstate that could or would have resulted in a claim, if cover had been in force? Yes No lf yes, please give details.						
IMPORTANT NOTICE C	CONCERNING DISCLOSURE					
information relating to (not necessarily the U	emind you of the duty of policyholders and intermediaries to pass to the Underwriter(s), all material o the risk under consideration. "Material" in this context refers to all information which a prudent Underwrit Underwriter in question), would wish to take account of when considering whether or not to accept the risk, terms and at what price.					
clearly disclosed all m or ought to have know Please be aware that i	by you must have provided us with a fair presentation of the risks to be insured. This means you must have naterial facts which you, your senior management and or persons responsible for arranging the Policy knew wn. If you have not made a fair presentation, this could mean that part or all of a claim may not be paid. in some circumstances, if you have not made a fair presentation of the risk, we may avoid the contract and be returned. You must also make a fair presentation to us when the policy is to be renewed.					
about you. The inforn	osal form you consent to MGAM using the information we may hold about you to process personal data mation provided will be treated in confidence and where relevant in compliance with the Data Protection sequent amendments thereto. You have the right to apply for a copy of your information and to have any ed.					
the risk during the pol	e continues up until the Insurance has been concluded and "resurrects" in the event of any amendment to blicy period or any extension/renewal. It may also be that the terms of the policy include specific ongoing or warranties which effectively extend the duty of disclosure post inception of the policy.					
DECLARATION						
material facts have been	e best of the knowledge and belief of the insured the statements and replies set our herein are true and that no n misstated or suppressed. The insured undertakes to inform insurers of alterations to any facts which are or become on of the contract of insurance.					
Name and Position:						
Signature:						
Date	(day) (month) (year)					
A COPY OF THIS PROP	POSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS					

MGAM Walsingham House Ninth Floor 35 Seething Lane London EC3N 4AH

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