



**Architects, Engineers, Civil Engineers, Surveyors and Quantity Surveyors  
Professional Indemnity Insurance  
Proposal Form  
Annual Cover**

<b>I. General data</b>		
<b>1</b>	<b>Name of firm</b>	
<b>2.</b>	<b>Address of head office</b>	
<b>3.</b>	<b>Address of branch office(s) and name(s) of resident partner(s)</b>	
<b>4.</b>	<b>In which countries do you carry out projects?</b>	
<b>5.</b>	<b>When was the firm established?</b>	
<b>6.</b>	<b>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?</b> If so, give full details	
<b>7.</b>	<b>Details of all practising principals or partners</b>	
	<b>Names</b>	<b>Qualifications, dates qualified/total duration of professional experience</b>
		<b>Position held in company and how long</b>





<p><b>8. Total number of principals, partners and staff</b></p> <p>Technical:</p> <ul style="list-style-type: none"> <li>- Principals, partners or officers</li> <li>- Other qualified engineers</li> <li>- Qualified architects</li> <li>- Surveyors</li> <li>- Draughtsmen</li> <li>- Other qualified staff (please specify)</li> <li>- Trainee staff (please specify)</li> </ul> <p>Total number of Technical Staff</p> <p>Total non-technical/administration staff</p>	<p style="text-align: center;"><b>Numbers</b></p> <table border="1" style="width: 100%; height: 100%;"> <tr><td> </td></tr> </table>										

<p><b>9. Do you give work to independent firms, subcontractors and/or specialists?</b></p> <p>If so, please state kind of work and percentage of fees.</p> <p>(The professional liability of such independent firms is not covered under the proposed policy)</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="text-align: center;"><b>YES</b></td> <td style="text-align: center;"><b>NO</b></td> </tr> <tr> <td colspan="2" style="text-align: center;">%</td> </tr> <tr> <td colspan="2" style="height: 40px;"> </td> </tr> </table>	<b>YES</b>	<b>NO</b>	%			
<b>YES</b>	<b>NO</b>						
%							

<p><b>10. Are you financially connected with a client?</b></p> <p>If so, please state the name of client</p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="text-align: center;"><b>YES</b></td> <td style="text-align: center;"><b>NO</b></td> </tr> <tr> <td colspan="2" style="height: 40px;"> </td> </tr> </table>	<b>YES</b>	<b>NO</b>		
<b>YES</b>	<b>NO</b>				

<p><b>11. Is a major part of the work carried out for only one client?</b></p>	<table border="1" style="width: 100%; height: 100%;"> <tr> <td style="text-align: center;"><b>YES</b></td> <td style="text-align: center;"><b>NO</b></td> </tr> <tr> <td colspan="2" style="height: 40px;"> </td> </tr> </table>	<b>YES</b>	<b>NO</b>		
<b>YES</b>	<b>NO</b>				



**II. Nature and volume of your present and foreseeable future activities**

<p><b>1. In which of the following professions is your firm engaged?</b></p> <p>a) Civil engineering</p> <p>b) Structural engineering</p> <p>c) Mechanical engineering</p> <p>d) Electrical engineering</p> <p>e) Heating and ventilating engineering</p> <p>f) Chemical engineering</p> <p>g) Soil engineering</p> <p>h) Surveyors</p> <p>i) Quantity Surveyors</p> <p>j) Others not shown Please specify</p>	<p><input type="checkbox"/></p>
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<b>2. Division of the firm's activities</b>	<b><u>% of total</u></b>
a) Feasibility studies, reports, etc Please specify projects	
b) Bridges and/or tunnels and roads	
c) Dams, rivers and ports/harbours, jetties	
d) Mines, underground (tunnels, tube, metros etc) or subaqueous works	
e) Airports, runaways, aprons	
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 and refineries	
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) armories race-tracs	
q) breakwater, outfalls	
r) power plants	
s) industrial buildings	
t) quarries	
u) fertilizer, ammonia or urea plants	
v) projects with total contract value over €40.000.000	
w) Other works including any specialist activities not shown above (specify which)	
<b>Total</b>	<b>100%</b>

<b>3. Responsibilities</b>	
a) Design only	
b) Supervision of construction	
c) Design and supervision	
d) Project management (turn-key contract) (see also Part III / Question 3)	

<b>4. Construction values and fees</b>			
	<b>Past financial year</b>	<b>Current financial year</b>	<b>Estimate coming financial year</b>
a) Construction values			
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 and fees)**

<b>III. Further Activities</b>		
<b>1. Do you also concern yourself with the sale and administration of real estate?</b>	<b>YES</b>	<b>NO</b>
<b>2. Do you construct and sell houses and flats for your own account?</b>	<b>YES</b>	<b>NO</b>
<b>3. Do you act as a project manager or main contractor?</b>	<b>YES</b>	<b>NO</b>
<b>4. Are you an agent for goods used for construction or do you obtain commission from the sale or distribution of such goods?</b>  What goods?	<b>YES</b>	<b>NO</b>
<b>5. Are you connected with firms constructing houses and flats or with auxiliary firms to the building industry or with other firms as a</b>  - member of the board?  - partner?  - shareholder (more than 3%)?  Name of firms and activities	<b>YES</b>  <b>YES</b>  <b>YES</b>	<b>NO</b>  <b>NO</b>  <b>NO</b>





<b>6. Do your activities include giving expert opinions?</b>	<b>YES</b>	<b>NO</b>
Also for municipal and state authorities?	<b>YES</b>	<b>NO</b>

**IV. Previous insurance/previous claims**

<b>1. Have you previously been insured?</b>	<b>YES</b>	<b>NO</b>
If so, please specify:		

	Name of insurer	Policy period	Policy wording on		Limit of indemnity
			Claims-made basis	occurrence basis	
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"/>	

<b>2. Has a previous application been declined?</b>	<b>YES</b>	<b>NO</b>
Has a previous insurance a) required increased premium?	<b>YES</b>	<b>NO</b>
b) required special restrictions?	<b>YES</b>	<b>NO</b>
c) been terminated/not been renewed by an insurer?	<b>YES</b>	<b>NO</b>
If so, please give detailed information.		

<b>3. Have any claims been made during the past five years against your firm?</b>	<b>YES</b>	<b>NO</b>
If so, please advise amount and background of each claim.		

<b>4. Is your firm aware of any circumstances or incidents which may result in a claim or claims against your firm?</b>	<b>YES</b>	<b>NO</b>
If so, please give details.		





<b>V. Indemnity required</b>		
<b>1. Limit any one accident</b>		
<b>2. Limit in the annual aggregate</b>		
<b>3. Deductible each and every claim to be borne by insured</b>		
<b>4. Extensions to basic cover</b>		
Extension 1 – Libel and Slander	<b>YES</b>	<b>NO</b>
Extension 2 - Loss of Documents	<b>YES</b>	<b>NO</b>
Extension 3 – Dishonesty of Employees	<b>YES</b>	<b>NO</b>
Extension 4 – Previous Partners (max. 5 years Retroactive Date)	<b>YES</b>	<b>NO</b>
<b>5. If Extension 3 - Dishonesty of employees is required please answer the following questions;</b>		
a) Has the firm sustained any loss through the fraud or dishonesty of any employee?	<b>YES</b>	<b>NO</b>
b) is any employee allowed to sign cheques with out countersignature by a partner?	<b>YES</b>	<b>NO</b>
If so, up to what amount?		
<b>7. If Extension 4 - Partners' previous business is required please answer the following questions;</b>		
a) Incoming partners	<b>YES</b>	<b>NO</b>
b) Outgoing partners	<b>YES</b>	<b>NO</b>
If this extension is required, please advise names of the partners and Incoming / outgoing dates.		





**PLEASE NOTE IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY.  
FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS.**

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. I/We undertake to inform Underwriters of any material alteration to these facts occurring before or after Inception of the Contract of Insurance. Signing this proposal does not bind the Proposer or Underwriters to complete this insurance.

**Date:** .....

**FOR AND ON BEHALF OF:** .....  
(insert name of Firm(s))

**Signature of Partner or Director:** .....

**A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR RECORDS**

**IMPORTANT**

**Disclosure of material facts or information.**

**It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Underwriters any material facts or information (including any material circumstances or change in circumstances) which might influence the judgement of Underwriters in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the Contract of Insurance voidable from inception at the option of Underwriters and enable them to repudiate liability thereunder. If you have any doubts as to what constitutes a material fact or circumstance, seek your Broker's advice.**

