

**PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM
ARCHITECTS AND CONSULTING ENGINEERS
ANNUAL COVER**

I. GENERAL DATA

1. Name of Organization:

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2. Address of Head Office:

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3. Address of Branch office(s) and name(s) of resident partner(s)

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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? **YES** **NO**

If so, give full details

7. Details of all practicing principals or partners

Names	Qualifications, dates qualified / total duration of professional experience	Position held in company and how long

8. Total number of principals, partners and staff

- Technical:
- Principals, partners or officers
 - Other qualified engineers
 - Qualified architects
 - Surveyors
 - Draughtsmen
 - Other qualified staff (please specify)
 - Trainee staff (please specify)

Numbers

Total non-technical / administration staff

9. Do you give work to independent firms, (subcontractors) &/or specialists?

YES

NO

If so, please state kind of work and percentage of fees.

%

(The professional liability of such independent firms is not covered under the proposed policy)

10. Are you financially connected with a client?	YES	NO
Name of client		
11. Is the 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		<input type="checkbox"/>
b. Structural engineering		<input type="checkbox"/>
c. Mechanical engineering		<input type="checkbox"/>
d. Electrical engineering		<input type="checkbox"/>
e. Heating and ventilating engineering		<input type="checkbox"/>
f. Chemical engineering		<input type="checkbox"/>
g. Soil engineering		<input type="checkbox"/>
h. Others, not shown.		<input type="checkbox"/>

Please specify

2. Division of the firm's activities	% of total fees
a. Feasibility studies, reports, surveys, etc. Please specify projects.	%
b. Bridges &/or tunnels and roads	%
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 above (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	Estimate coming financial year
	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)

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?	YES	NO
What goods?		



<p>5. Are you connected with firms constructing houses and flats or with auxiliary firms to the building industry or with other firms as a</p> <ul style="list-style-type: none"> - member of the board? - partner? - shareholder (more than 3%)? <p>Name of firms and activities</p>	YES	NO
	YES	NO
	YES	NO
<p>6. Do your activities include giving expert opinions?</p> <p>Also for municipal and state authorities?</p>	YES	NO
	YES	NO

IV. PREVIOUS INSURANCE/PREVIOUS CLAIMS

1. Have you previously been insured?
If so, please specify:

	Name of insurer(s)	Policy period	Policy wording on		Limit of Indemnity
			claims made basis	occurrence basis	
1.			<input type="text"/>	<input type="text"/>	
2.			<input type="text"/>	<input type="text"/>	
3.			<input type="text"/>	<input type="text"/>	
4.			<input type="text"/>	<input type="text"/>	
5.			<input type="text"/>	<input type="text"/>	

2. Has a previous application been declined?

Has a previous insurance	a. required increased premium?	YES	NO
	b. required special restrictions?	YES	NO
	c. been terminated/not been renewed by an insurer?	YES	NO

If so, please give detailed information

3. Have any claims been made during the past five years against your firm? **YES** **NO**

If so, please advise amount and background of each claim.

4. Is your firm aware of any circumstances or incidents, which may result in a claim or claims against your firm? **YES** **NO**

If so, please give details

V. INDEMNITY REQUIRED

1. Limit any one accident

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2. Limit in the annual aggregate

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3. Deductible each and every claim to be borne by insured

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VI . EXTENSION TO BASIC COVER

1. Loss of documents **YES** **NO**

Limit

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

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated 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.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this day of 20

For and on behalf of _____
(insert name of firm)

Signature of partner or principal _____

Please attach a brochure concerning your firm.