



Please answer all questions leaving no blank spaces. If you have insufficient space to complete any of your answers, please continue on your headed paper. This form must be signed and dated by a Partner, Director or Principal of the Proposer.

Insurance cover is not effective until the Insurers have accepted this proposal form.

Duty to disclose material facts: Since an insurance/reinsurance contract is based upon the duty of utmost good faith, it is important that those seeking insurance/reinsurance should provide full disclosure of all material facts to insurers and that this information should be kept updated.

This Proposal Form shall be relied upon by Underwriters in deciding whether or not to enter into the Policy and on what terms, including premium and conditions.

If you are in doubt we recommend that you advise the information to insurers. Please note that a renewal is based on the information which has already been provided to insurers. Therefore if there is a change in such information which has not yet been advised, this must now be advised to insurers.

Insurance Act 2015

The Insurance Act 2015 ('the Act') applies to this Proposal Form and any subsequent Policy. The terms of any such Policy will in most cases be no less advantageous to the insured than the Act would otherwise provide; in the event of any apparent conflict between the terms of this Policy and the Act, the Act will prevail. There could be, however, certain terms which, while capable of being more advantageous to the insured than the Act would otherwise provide, may in certain cases be less advantageous to the insured than the Act would provide. All terms such as this will be clearly referenced in the Policy.

Proposer Details

1.	Name of Proposer(s) including Subsidiaries and Predecessors		
2.	Principal Address		
		3. Website	
4.	Date Established		
5.	a) Location of any offices outside the UK		
	b) Is there a Partner, Director or Principal based at each overseas office?		Yes No N/A
	If No, please advise how the office is supervised		





Engineers Professional Indemnity

Proposal Form

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Proposer Details Continued

6.	Please give	the following	details in	respect of a	all Partners,	Directors of	or Principals:
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Name	Position	Relevant qualifications	Date qualified	Number of years in this position

7. Please state the number	of individuals engaged by the F	Proposer, split as follows	
Partners, Directors an	d Principals		
Qualified staff			
All other staff			
Consultants			
	·		

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8. a) Please state the Proposer's gross fee income for the last complete financial year and estimate for the next financial year split between clients domiciled in the following territories:

Last fully completed financial year (GBP)	Estimate for next financial year (GBP)

b) Please advise the date of the financial year end:	

c) If any income has been declared in respect of clients domiciled outside the UK, please provide the following details:

Country	
Applicable law	
Client	
Type of work undertaken	
Contract value	
Fees	
Start and end dates	



Proposer Fees Continued	
9. Please state the Proposer's gross fee income payable to subcontractors as follows:	
Last complete financial year GBP Estimate for the next financial year	ar GBP
10. Do total fees from any one client in the last complete financial year or estimated for the next financial year exceed 50% of the total gross fees for that year?	Yes No
If Yes, please provide details	
1. Does the Proposer provide services for any client who has a controlling interest in the Proposer or in which the Proposer has a controlling interest?	ch Yes No
If Yes, please provide details	
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Proposer's Professional Services	
Proposer's Professional Services 2. Please provide an estimate of the total gross fee income for the last complete financial year split between	n the following types of work:
	n the following types of work: % of Fees
2. Please provide an estimate of the total gross fee income for the last complete financial year split between	
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Please provide an estimate of the total gross fee income for the last complete financial year split between Type of work Feasibility studies, expert witness work, planning supervisory work	
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Proposer's Professiona	I Services Continued			
14. Is the business split provided in qu	uestions 12 and 13 representa	ative of the Proposer's ac	tivities:	
a) over the past 5 years?				Yes No
b) expected over the next year?				Yes No
If No to either a) or b) please provide	de details			ite
If No to either a) or b) please provi	de details			
15. Please give details of the 5 larges	t projects the Proposer has ur	ndertaken during the nas	t 5 years as follows:	
Client	Type of contract	Fees earned	Total contract value	Start and End Dates
	7,000			
16. Please give details of the 3 larges	t projects the Proposer is exp	ecting to undertake durin	g the next year as follows:	
Client	Type of contract	Fees earned	Total contract value	Start and End Dates
17. Does the Proposer always use well	I established and proven tech	nniques?		Yes No
If No, please provide details				
18. Does the Proposer undertake any	contract which involves			
a) Sale or supply of products, mat	erials or equipment?			Yes No
h) Manufacture construction inst	allation maintanana altarati	on ronair ar treatment?		Van No
b) Manufacture, construction, insta	anation, maintenance, alterati	on, repair or treatment?		Yes No
If Yes, please provide details				



) Does the Proposer have authority to handle client monies?	Yes No
Yes, please provide details of the procedures adopted to ensure their security	
Is any person allowed to sign cheques without a counter- signature?	Yes No
Are bank statements, receipts, counterfoils and supporting documentation independently checked at least monthly against the cash book entries and bank statements of the employee making the entries or paying into the bank?	Yes No
Are all cheques and cash paid into the bank daily?	Yes No
No to b), c), or d) please give details as to the system used	
Plate Management	
Risk Management	
a) Are all current projects running on time and within budget?	Yes No
) Does the Proposer have in place a procedure to ensure that client requirements are understood and can	Yes No
be met by them before taking on a new piece of work?	
be met by them before taking on a new piece of work? Does the Proposer always ask the client to sign standard contract conditions, which have been vetted by a legal professional and clearly outline the scope of services to be provided, and only provide those services which fall within that scope?	Yes No
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	Current and Previous Covera	ge					
21.	21.Please provide details of the Proposer's current Professional Indemnity insurance as follows:						
	Limit of Indemnity						
	Premium						
	Excess						
	Insurer						
	Renewal Date						
	Retroactive Date						
	22. Has the Proposer ever had any Professional Indemnity insurance cancelled, voided or declined at renewal by an Insurer? If Yes, please give details						
23.	Coverage Required 23. Please provide details of the quotation required: Limit(s) of Indemnity						
	Excess(es)						
Claims and Circumstances 24. a) Has any claim or complaint been made, or disciplinary proceedings been brought by any Regulatory Body against the Proposer or any of its current or former Partners, Directors or Principals in relation to the risks to be insured over the past 5 years? b) Has any loss or expense been incurred by the Proposer over the past 5 years which might have been insured under this policy? If Yes to a) or b) above, please provide the following:							
	Date of claim/complaint/disciplinary prod	ceedings/loss					
	Name of claimant/complainant/disciplina	ary body (if applicable)					
	Brief details of allegations/ complaint/ di	sciplinary matter/loss					
	Amount claimed for/lost including costs	and expenses (if applicable)					
	Insurer payment (if applicable)						
	Insurer reserve (if applicable)						
	What action has been taken to prevent a	re-occurrence?					



Claims and Circumstances	Continued					
c) Is any Partner, Director or Principal aware, after enquiry, of any circumstances which might give rise to a claim or request for indemnity under this policy?						
If Yes, please provide the following:						
Date						
Brief details						
Amount claimed for/lost including costs	mount claimed for/lost including costs and expenses (if applicable)					
I/We declare that the above answers, statements, particulars and additional information are true to the very best of our knowledge and belief and that after full enquiry, I/We have disclosed all information and material facts that may affect the Insurer's assessment of the risk.						
Signature of Partner/Director/Principal:						
For and/on behalf of the Proposer:						
Name in capital letters (Printed):						
Date:						





Additional Notes