



AUSTRALIA  
CANADA  
IRELAND  
ISRAEL  
**UNITED KINGDOM**  
UNITED STATES  
REST OF WORLD

# PROFESSIONS DESIGN & CONSTRUCTION

## APPLICATION FORM



**INTRODUCTION**

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

**HOW TO COMPLETE THIS FORM**

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

**SECTION 1: COMPANY DETAILS**

1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company:	
_____	
Contact name:	
_____	
Address:	
_____	
_____	
Postcode:	Email address:
_____	_____
Telephone:	Website:
_____	_____

1.2 Please state when your company was established: DD / MM / YY

*Please answer question 1.3 only if you require Employers' Liability cover.*

1.3 a) Please state your Employer Reference No. (ERN):

b) Do you have any subsidiaries in the UK?  Yes  No

If 'yes', please complete the Supplementary Information section at the back of this application form.

1.4 a) How many directors / officers / partners are there in the Company?

b) Please show the details of all partners / directors:

Name	Years in position	Years experience	Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



c) Please state the number of employees:

Professional:

Other:

1.5 a) Please state your fees received in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic turnover:	<input type="text"/>	<input type="text"/>	<input type="text"/>
USA turnover:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other territory turnover:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total turnover:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Profit / (Loss):	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of financial year end:

Currency:

b) Please state your turnover split into the following categories:

	Previous Year	Last Year	Current Year (estimate)
Turnover	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
a. % of total where you carry out construction / installation and you are responsible for the design* and the design* is under taken by your own partners, directors or employees.	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
b. % of total turnover where you carry out the construction / installation and you are responsible for the design* and the design* is undertaken by third parties appointed by you, on your behalf, or whose appointment is novated to you.	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
c. % of total turnover where you carry out the construction / installation but have no responsibility for any aspect of the design* i.e. you work to designs* provided by your clients or main contractor with no input from you at all.	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
d. All other turnover. Please provide full details of the activities undertaken in the box below.	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

\*Design means any design or specification, feasibility study, technical information calculation or survey carried out in relation to a contract.



**SECTION 2: ACTIVITIES**

2.1 Please briefly describe below the nature of your business activities:  
*If you have a brochure, or company literature, please attach to this form.*

2.2 Please provide a full breakdown of your total turnover by activity:  
*The total of all activities listed here should equal 100%.*

Heating/Ventilating/Air Conditioning Engineering	%	Marine Engineering	%
Electrical Engineering	%	Environmental Engineering	%
Mechanical Engineering (not processing engineering)	%	Architectural	%
Structural Engineering	%	Project Management	%
Civil Engineering	%	Project Co-Ordination	%
Soil Engineering	%	Chemical / Process Engineering	%

2.3 Please advise the percentage of your turnover received in the following areas of work (total should equal 100%):

Domestic Buildings up to 4 stories:	%	Tunnels:	%
Commercial Buildings up to 4 stories:	%	Marine Structures:	%
Domestic Buildings over 4 stories:	%	Water/Sewerage Systems:	%
Commercial Buildings over 4 stories:	%	Bulk Handling Structures:	%
Industrial Buildings:	%	Amusement Structures:	%
Public Buildings:	%	Airports:	%
Mines:	%	Petrochemical/Refineries:	%
Bridges:	%	Dams:	%
Railways:	%	Roads/Highways:	%
Energy/Fuel Cell:	%	Other (Please detail below):	%



Description of 'other' work:

	%
	%
	%

2.4 Do you belong to any association related to these activities?  Yes  No  
 If 'yes', please list these associations below:


2.5 Do you engage in actual construction, installation, or erection?  Yes  No

2.6 Do you engage in any actual manufacture, fabrication, or assembly?  Yes  No

2.7 Do you assume responsibility for any of the activities mentioned in questions 2.5 and 2.6 above?  Yes  No

2.8 If you have answered 'yes' to questions 2.5, 2.6, or 2.7 above then please provide full details of operations below:


2.9 In the event that your product or service failed or delivery was delayed please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property, or financial loss (consequential or otherwise) for your clients:


*Please answer question 2.10 only if you require a quote for Employers' or Public Liability.*

2.10 Please state the following:

a) Your total estimated payroll for the next financial year:



b) Your payroll relating to non-manual work away from your premises (such as consulting or similar):  
Please detail the nature of this work below:


c) Your payroll relating to manual work away from your premises:  
Please detail the nature of this work below:


d) Your payroll relating to hazardous work away from your premises:  
Please detail the nature of this work below:


**SECTION 3: CONTRACT INFORMATION**

3.1 a) Please give details of the 5 largest contracts you have carried out in the past 3 years:

Name of client	Your contract value	Nature of your work undertaken for this contract	Total project value	Start date	Completion date
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY



b) Please give details of the 3 largest contracts you expect to commence during the next 12 months where you are responsible for the design and other professional services:

Name of client	Your anticipated contract value	Nature of your work undertaken for this contract	Anticipated total project value	Anticipated start date	Anticipated completion date
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY

c) Are all of your current contracts progressing on time and on budget?  Yes  No  
If 'no' please provide details below:

3.2 Have you ever undertaken a contract as a member of a consortium or a joint venture?  Yes  No  
If 'yes', please provide details below:

3.3 Approximately how many customers do you have?

3.4 Do you carry out work only under a written contract signed by every client?  Yes  No  
*Please supply a copy of your standard form of contract, or typical examples of contracts used.*

If 'no', please explain in what circumstances, and why:



3.5 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?  Yes  No

If 'yes', please explain what percentage of your contracts this is applicable to and what these are capped at:

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3.6 Do all of your current contracts exclude liability for pollution or contamination?  Yes  No  
If 'no' please provide details below:

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3.7 What approximate percentage of your turnover, in your current financial year, will be paid to sub-contractors?

3.8 Are you responsible for the appointment of sub-contractors?  Yes  No

If 'yes' do you ensure that any third party undertaking design or specification, any feasibility study, technical information calculation or survey on your behalf have their own public liability and professional indemnity insurance with a limit of liability at least equal to the limit of liability you hold?

If 'no', please explain why:

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3.9 Do any of your contracts contain a service credit or liquidated damages regime?  Yes  No  
If 'yes', please attach a sample.

3.10 Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature?  Yes  No





**SECTION 4: COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE**  
Only complete section if you require this cover.

4.1 Please state the address of the premises to be insured (if different from the address given earlier):

PREMISES 1	
Address: _____	
_____	
_____	Postcode: _____
PREMISES 2	
Address: _____	
_____	
_____	Postcode: _____

*Please continue on a separate sheet if more than 2 premises are to be insured.*

4.2 Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of party: _____	
Interest of party: _____	
Address: _____	
_____	Postcode: _____

4.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?  Yes  No
- b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?  Yes  No
- c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?  Yes  No
- d) In a good state of repair and occupied solely as offices?  Yes  No
- e) Self contained with a lockable entrance door?  Yes  No
- f) Protected by an intruder alarm that is subject to an annual maintenance contract?  Yes  No

*NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.*



- g) Heated by a conventional electric, gas, oil or solid fuel heating system?  Yes  No
- h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?  Yes  No
- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?  Yes  No
- j) Fitted with sprinklers, either fully or partially?  Yes  No

*NOTE: Assuming you have answered 'yes' to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.*

If you have answered 'no' to any of the above questions then please give further details:

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4.4 Please detail the amounts to be insured below for each premises:

*NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.*

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main building:	<hr/>	<hr/>
Landlord's fixtures & fittings and tenant improvements:	<hr/>	<hr/>
Personal computers, printers and ancillary computer equipment at the office:	<hr/>	<hr/>
All other contents at the office:	<hr/>	<hr/>
Portable computers and associated equipment at home / away from the office:	<hr/>	<hr/>
All other contents at home / away from the office:	<hr/>	<hr/>

4.5 Please state, in respect of portable computers and associated equipment at home / away from the office, the maximum value of any one item (not the total value of all items):

4.6 Please detail the amounts to be insured below for Business Interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our Business Interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for Business Interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption cover (Flexible First Loss):	<hr/>	<hr/>



SECTION 5: CLAIMS EXPERIENCE & INSURANCE HISTORY

5.1 Please provide details of your current Professional Indemnity insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY	MM / YY				
Required:	MM / YY	MM / YY			N/A	N/A

5.2 Please provide details of your current General Liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY				
Required:	MM / YY			N/A	N/A

5.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above:

Yes  No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

SECTION 6: DECLARATION

I declare that:

- after full enquiry the answers to the questions contained in this application form, and any other information supplied by me, are substantially true, accurate and correct;
- I will inform underwriters before cover incepts of any change to the information supplied by me; and
- I understand that if any of the information contained in this application form or provided elsewhere is substantially untrue, inaccurate or incorrect, or I have not disclosed any other information that is material, the

Signed:	_____	Full name:	_____
Position held:	_____	Date:	DD / MM / YY



SUPPLEMENTARY INFORMATION

SUBSIDIARY 1	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 2	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 3	
Company name:	ERN:
Address:	
Postcode:	
SUBSIDIARY 4	
Company name:	ERN:
Address:	
Postcode:	

*If you have more than 4 subsidiaries please continue your response in the Additional Information section.*



ADDITIONAL INFORMATION: