

Professional Indemnity Insurance Design and Construct Industry Proposal Form

Instructions

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters with the spaces provided. A principal of the practice must sign the form and any separate sheets.

SECTION ONE – GENERAL INFORMATION

Question One

Name of Proposer(s) to be covered

Name	Date Established

Question Two

Main address of the proposer and any overseas addresses (specifying the name and position of the individual responsible at each location including web and e mail addresses):

Postcode

Main office telephone number

--

Main office fax number

--

Contact e-mail address

--

Website address

--

Question Three

Please advise the following (including details of sole practitioner)

Name of all Partners/Directors/Members	Age	Qualifications	Date Qualified	How long as Partner/Director/Member of the Firm(s)

Question Four

How many staff are responsible for design &/or technical supervision

Do they all have relevant qualifications &/or at least 5 years experience?

Yes

No

Question Five

During the past 6 years has the Proposer's name been changed or has any other business been purchased
And/or has any merger or consolidation taken place?

Yes

No

Question Six

Is the proposer connected or associated (financially or otherwise) with any other entity?

Yes

No

SECTION TWO - CLAIMS INFORMATION

Question One

After full enquiry has the proposer sustained any loss through the fraud or dishonesty of any person?

Yes

No

If yes, please provide details.

Date Of Claim	Brief Details	Amount of Claims Paid £	Reserves Outstanding £

Question Two

After full enquiry is the proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee?

Yes

No

If yes, please provide details.

--

Question Three

After full enquiry has any claim been made against the proposers business or any principal partner, director or employee whilst in this or any other business?

Yes

No

If yes please provide details.

Date Of Claim	Brief Details	Cost of Claim/ Loss paid	Estimated cost of Claim/loss outstanding

Question Four

After full enquiry is the proposer aware of any circumstance or incident which has or could result in any claim being made against the proposers business, or any principal, partner, director or employee of this or any other business?

Yes

No

If yes please provide details.

Date Of Claim	Brief Details	Cost of Claim/ Loss paid	Estimated cost of Claim/loss outstanding

SECTION THREE - THE BUSINESS – WORK UNDERTAKEN

Question One

Please state Full Business Description (Including areas of specialism eg housing/leisure/cladding/sewerage schemes etc)

Question Two

Are any goods or products manufactured or supplied?

Yes

No

If yes, are they insured under a relevant product liability policy and/or is there an agreement that provides such protection from the manufacturer/supplier?

Yes

No

If no, please explain fully:

Question Three

Are you or have you been involved in any of the following areas?

Yes

No

Chemical Works

Dams

Golf Courses

Mines

Marine or Offshore Structures

Airports

Bridges

Railways

Modular Buildings

Swimming Pools

Tunnels

Nuclear Installations

If yes, please provide full details

Question Four

Have any of your contracts involved design/construction/installation of bulk handling equipment or any process engineering?

Yes

No

If yes, please provide full details

Question Five

Do you manufacture or fabricate any pre-engineered unit?

Yes

No

If yes, please provide full details

Question Six

Do all of your contracts involve the provision of well established techniques and practices?

Yes

No

If no, please explain fully

Question Seven

What percentage of fees over the last three years have been paid to outside consultants?

%

Question Eight

When you have sub-contracted design or technical supervision to third party consultants have you/do you always ensure those parties have professional indemnity insurance to the same limit as your policy?

Yes

No

Do you have a system in place to ensure that the policies held by these third party consultants are current and renewed at the appropriate time?

Yes

No

Question Nine

Have you ever entered into any Joint Venture Partnerships?

Yes

No

If yes, please provide full details

Are arrangements in place to ensure all parties have insurance to cover their liabilities arising from any contract entered into on a joint venture basis?

Yes No

If no, please explain fully

Question Ten

Have you ever been involved with any overseas contracts?

Yes No

If yes, please provide full details

Question Eleven

When is your financial year end date?

Question Twelve

Please state the total gross Turnover

	Last Financial Year	Year Prior to last Financial Year	Estimate for current Financial Year
Total Turnover / Income			

Question Thirteen

Split into the following categories

	Last Financial Year	Year Prior to last Financial Year	Estimate for current Financial Year
Construction/installation from your own designs and you provide(d) your own technical supervision			
Construction/installation from your own designs but technical supervision is/was provided by a third party			
Construction/installation from designs provided by a third party on your behalf under your technical supervision			
Construction/installation from designs provided by a third party on your behalf and you carried out no technical supervision			
Construction/installation where you have no responsibility for design or technical supervision			
If there is any other turnover or income that does not fit into the above categories, please insert the amount in the column and provide details here			

Question Fourteen

Please give details of the 5 largest contracts undertaken in the last 5 years

Start Date	End Date	Client	Firms Contract Value	Total Contract Value	Description of Services performed

Question Fifteen

Please give details of the 3 largest contracts due to commence over the next 12 months

Start Date	End Date	Client	Firms Contract Value	Total Contract Value	Description of Services performed

Question Sixteen

Have any of the current directors/principals/partners ever been made personally bankrupt or been involved with any business that has been placed into receivership or liquidation?

Yes

No

If yes, please provide full details

Question Seventeen

Do you have any current contracts that are not processing to timescale and budget?

Yes

No

If yes, please provide full details

SECTION FOUR – THE BUSINESS RISK MANAGEMENT

Question One

Is there a complete annual audit by a firm of professional Accountants?

Yes

No

Question Two

Is dual control established for the handling and signing of cheques?

Yes

No

If NO, up to what limit is a single signature permitted?

GBP

Question Three

Is it standard procedure that 2 signatories are required on transactions and the second signatory verifies the supporting documentation?

Yes

No

Question Four

Is it standard procedure that the firm obtains satisfactory references when engaging personnel?

Yes

No

Question Five

Do you keep all clients' money and clients' funds in properly designated clients' accounts completely separate from the firms own monies?

Yes

No

Question Six

How often are the entries in the Cash Books checked with the vouchers and reconciled with Bank statements by a Partner/Director or Company Secretary (other than the Head Cashier and/or Chief Bookkeeper?)

daily/weekly/monthly/annually

SECTION 5 – INSURANCE COVERAGE

Question One

Please give details of the firm's current Professional Indemnity Insurance

Limit of Indemnity	Excess	Premium	Name of Insurer	Renewal Date
£	£	£		

Please advise your requirements

	Option 1	Option 2	Option 3
Limit of Indemnity	£	£	£
Excess	£	£	£

Question Two

Has any Proposal for similar insurance made on behalf of the proposers business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes

No

If yes please provide details

Question Three

Have you ever been late in paying or failed to pay either a professional indemnity premium or excess?

Yes

No

Declaration

I/We declare that the statements and particulars contained in the 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 thereon.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

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

This form must be signed by a principal of the firm

Signature: _____

Date: _____

Print Name: _____

Position: _____