



**MANCHESTER**  
UNDERWRITING MANAGEMENT

## **Architects Proposal Form**

**IMPORTANT:**

**In this application:**

“**You / Your**” refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.

“**Firm**” means any business, whether a sole trader, partnership or company, limited in liability or otherwise.

“**Principal**” means any Director, Partner, Member or Sole Trader.

Answers should relate to all work for which cover is required - past, present and future.

**You MUST** complete all sections of this Application Form. The Application Form must be signed and dated once completed.

This Application Form is for a contract of insurance and **You**, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.

All material facts must be disclosed truthfully, to the best of **Your** knowledge and belief at the time of disclosure. **You** must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Application Form, together with any other information given, will be used by underwriters in their assessment of this application.

Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.

Full details for coverage provided can be found in our Policy Wordings and Summaries, which are available on request.

1) Please provide full trading names of all <b>Firms</b> to be insured under this arrangement ( <b>You/Your</b> ):	
Name(s)	Date Established

2) Please provide **Your** website address:

3) Please provide all addresses:

4) If cover is required for <b>Your</b> previous business (predecessor practices), please provide full details below:			
Name(s)	Start Date	End Date	Reason for winding up/leaving

5) If any of the <b>Principals</b> require cover for any previous professional business activity not covered elsewhere, please provide details below:						
Name of <b>Principal</b> to be covered						
Name of previous <b>Firm</b>						
Period at previous <b>Firm</b>	From:		From:		From:	
	To:		To:		To:	
Fees for last 3 years of trading	Year	Total	Year	Total	Year	Total
Position held at previous <b>Firm</b>						
Reason for leaving						

6) Do **You** have any association with or financial interest in any other **Firm**?  Yes  No

If YES, please provide full details below of the nature of the association and the name and business of the third party:

7) Please supply details of all **Principals**:

Name	Age	Qualifications	Date Qualified	Date of Engagement


8) Please supply details of total numbers of staff:

Principals	Qualified Staff	Unqualified Staff	Others

9) Has any **Principal** ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body? If YES, please provide full details below:  Yes  No

10) Please provide full details if any **Principal** has been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily:

11) Please provide details of **Your** current Professional Indemnity insurance arrangements below:

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
If <b>You</b> currently have Professional Indemnity coverage in force, please advise the retroactive date, if any: 	
Date	

12) Please provide a breakdown of turnover/fees generated:

Year End Date (month applicable)

Year End						N/Y Estimate
Work in UK						
Work in EU						
Work in USA/Canada						
Work elsewhere						
Total						

13) Please provide a breakdown of <b>Your</b> activities and percentage of income generated for each discipline:	
Architectural Work (excluding non-structural refurbishment)	%
Non-structural Refurbishment	%
Town Planning/Feasibility Studies	%
Architectural Consultancy	%
Interior Design	%
Landscape Design	%
Quantity Surveying	%
Other (please provide full details below)	%
Total	%

14) Please provide a breakdown of contract types described below and percentage of income generated for each:	
Commercial Schemes	%
Retail Works	%
Industrial Works	%
Churches/Cathedrals	%
Private Sector Individual Houses	%
Private Sector Housing (including Housing Associations)	%
Public Sector Hospitals	%
Private Sector Hospitals	%
Public Sector Education	%
Private Sector Education	%
Bridges/Tunnels/Dams	%
Other works (please provide full details below)	%
Total	%

15) What percentage of **Your** income in the past financial year derived from aborted work? %

16) Do **You** anticipate professional activities/services provided will change over the forthcoming twelve months? If YES, please give full details below.  Yes  No

17) Are **You** involved in the process of manufacturing, construction, alteration, repair, installation, sale or supply of products, other than in pure design consultancy capacity? If YES, please give full details below  Yes  No

18) Do **You** engage the services of sub-contractors?  Yes  No

If **YES**, please provide answers to the following, otherwise skip to the next question.

What percentage of fees/turnover was paid to sub-contractors during the last financial year? \_\_\_\_\_ %

Do **You** always require **Your** sub-contractors to hold their own Professional Indemnity coverage and verify that it is in force?  Yes  No

If **YES**, please confirm the minimum limit **You** require them to maintain: \_\_\_\_\_ £

19) Please provide details of **Your** 5 largest contracts that have been completed in the past 6 years:

Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Estimated Completion Date

20) Please provide details of **Your** 5 largest contracts currently in hand.

Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Estimated CompletionDate

21) What is the average single value of all contracts performed over the last 12 months? \_\_\_\_\_ £

22) Have **You** at all times used written agreements for each contract undertaken, which clearly outline the services to be provided? Can **You** confirm all changes to the specifications or agreed deliverables in writing, explaining the cost changes and other implications?  Yes  No

If **You** have answered NO, please detail below what procedures are undertaken to ensure that any revised specifications/deliverables are agreed and understood by all parties:

23) Are all current projects on time and within budget and have all projects completed within the last 2 years, been completed on time and within the agreed budget?  Yes  No  
 If NO, please give full details below:

24) Do **You** undertake any projects where construction is outside the United Kingdom?  Yes  No  
 If YES, please provide details of 3 largest projects below:

Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract/Fee	Est. Completion Date
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						

25) Have **You** at any time entered into a contract that is subject to the laws of countries outside the United Kingdom?  Yes  No

26) Have **You** ever entered into contracts on behalf of clients?  Yes  No

If YES is written sign off for the contract terms always obtained from **Your** client prior to doing so?  Yes  No

27) Please select the Limit of Liability **You** require quotations for.

<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
£500,000	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Limit of Liability	<input type="text"/>	

28) What Level of Excess do **You** require?

29) Has any claim been made or loss suffered by **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? If YES, please provide details below:  Yes  No

Date of Claim/Loss	Details of Claim/Loss	Amount Paid	Date Settled	Outstanding Reserve

**30) Are You aware of any of the following?**

Any circumstances which might lead to a claim against **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?  Yes  No

Any matter which might otherwise affect the consideration of this proposal?  Yes  No

Has any application for similar insurance made on **Your** behalf or on behalf of any past or present **Principal** ever been declined, refused renewal, cancelled or accepted only on special terms?  Yes  No

If YES to any of the above, please provide full details here:

**DECLARATION**

I/we declare that, after full enquiry, the contents of this application are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this application together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.

If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Manchester Underwriting Management Ltd. may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act.

If you do not wish these details to be used for marketing please inform Manchester Underwriting Management Ltd. in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact Manchester Underwriting Management Ltd.

Name of Principal Signing this form:

Signature of Principal:

Date: