

Engineering consultants (professional liability)

Proposal form

Important notice

1. This is a proposal for a contract of insurance in which 'Proposer' or 'you/your' means the individual, company, partnership, trust, charity, establishment or association proposing for cover.
2. This proposal must be completed in ink, signed and dated. All questions must be answered to enable a quotation to be given but completion does not bind you or Underwriters to enter into any contract of insurance. If space is insufficient to answer any question fully, please attach a signed continuation sheet. You should retain a copy of the completed proposal (and of any other supporting information) for future reference.
3. You are recommended to request a specimen copy of the proposed policy or certificate from your insurance broker and to consider carefully the terms, conditions, limitations and exclusions applicable to the cover.

Please Note:

If you undertake any construction work (including acting as a design and build contractor) this product is unsuitable for you; please use our Design & Build Professional Liability proposal form)

GENERAL INFORMATION (Mandatory)

TO BE COMPLETED BY ALL ASSURED

1. Proposer

Name

Address of registered or principal office

Postcode

Telephone number

Email address

Website address

Please note we **do not** provide cover for any registered offices, subsidiaries or employees within the European Union (excluding the United Kingdom of Great Britain and Northern Ireland and its territories).

Please confirm whether this is sufficient for your requirements

YES NO

If NO please provide full details:

2. Cover requirements

Please indicate (✓) which sections are required

Professional Indemnity (Mandatory)

(Please answer part A)

Directors and Officers

(Please answer part B)

Entity Defence

(Please answer part C)

Employment Law Protection (*N.B. not available in Northern Ireland*)

(Please answer part D)

N.B. You must complete the declaration on Page 17

PART A – PROFESSIONAL INDEMNITY (Mandatory)

ONLY COMPLETE IF YOU REQUIRE PROFESSIONAL INDEMNITY COVER

3. Can you confirm that you act purely as a professional consultant and do not undertake any construction work (including acting as a design and build contractor)?

YES NO

If NO, this product is unsuitable for you, please complete our Design & Build Professional Liability Proposal.

4. What are your gross income/fees for your last financial year?

£

5. Please provide a percentage breakdown of your gross income/fees for your last complete financial year emanating from the following geographical areas:

	%
<input type="radio"/> UK	
<input type="radio"/> EU	
<input type="radio"/> USA	
<input type="radio"/> Elsewhere	
Total	100%

6. Please complete the following percentage breakdown of your gross income/fees/turnover for your last complete financial year by discipline and type of work.

N.B. Cover is only provided for the activities declared

	%
Architectural/Building – Low Rise*	
Domestic Buildings	
• Low Rise*	
• High Rise*	
Commercial, retail, warehouse, industrial and public buildings/works	
• Low Rise*	
• High Rise*	
Chemical / Petrochemical	
Civil & Structural	
Bridges / Tunnels / Dams / Mines	
Buildings and Structures	
• Low Rise*	
• High Rise*	
Foundations / Underpinnings / Soil Engineering	
• Domestic Buildings	
• Low Rise*	
• High Rise*	
• Commercial, retail, warehouse, industrial and public buildings / works	
• Low Rise*	
• High Rise*	
Harbours & Jetties	
Highways, roads and groundworks	
Water / sewerage schemes	
Environmental Consultants	
Asbestos Surveyors / Consultants	
Feasibility Studies	
Glazing / Curtain Walling	
Domestic Buildings	
Commercial, retail, industrial and public buildings	
Heating and Ventilation/Electrical/Lighting	
Domestic Buildings	

Commercial, retail, warehouse, industrial and public buildings/works	<input type="text"/>
Interior Design/Alterations/Refurbishment/Shop Fitting	
<i>non-structural</i>	
Domestic Buildings	<input type="text"/>
Commercial, retail, warehouse, industrial and public buildings/works	<input type="text"/>
<i>structural</i>	
Domestic Buildings	<input type="text"/>
Commercial, retail, warehouse, industrial and public buildings/works	<input type="text"/>
Land Surveys	
No setting out	<input type="text"/>
Setting out	<input type="text"/>
Landscape Architects / Planners	
Machinery / plant / process engineering	
Power transmission / switchgear	<input type="text"/>
Process engineering / machinery	<input type="text"/>
Bulk handling	<input type="text"/>
Other	<input type="text"/>
Mechanical / Refrigeration	
Domestic Buildings	<input type="text"/>
Commercial, retail, industrial and public building	<input type="text"/>
Nuclear / Atomic	
Offshore	<input type="text"/>
Pipe-work / tanks / vessels, silos and assorted fabrication work	<input type="text"/>
Project Co-ordination / Quantity Surveying / Planning Supervisor / Draughtsmen	<input type="text"/>
Project management / surveying	<input type="text"/>
Railways	<input type="text"/>
Roofing / cladding / flooring	
Domestic Buildings	<input type="text"/>
Commercial, retail, industrial and public building	<input type="text"/>
Town Planning	<input type="text"/>
Other (please provide details below)	<input type="text"/>
TOTAL	100 %

N.B. *Low Rise' = 5 storeys in height or less *High Rise' = over 5 storeys in height

Please provide details of any work declared under 'other'

7. Does the above breakdown adequately cater for all activities for which you are seeking cover?

N.B. You are only insured for those activities declared.

YES NO

If NO please provide full details

8. Can you confirm that whilst you may operate anywhere in the world all work undertaken by you is subject to the jurisdiction of a court of law within the European Union?

YES NO

If NO please provide full details:

9. Can you confirm that you do not undertake work where the total contract value exceeds £500,000?

YES NO

If NO please answer the following question:

Please provide full details of your client's five largest contracts commenced during the last five years including

- Total contract value
- Business or Practice's contract value
- Completion date

10. Do you use subcontractors?

YES NO

N.B. Our standard cover requires all subcontractors to have their own Professional Indemnity insurance for a minimum indemnity limit of either £250,000 any one claim or £1,000,000 aggregate. Underwriters retain rights of recourse against sub-contractors unless specifically agreed otherwise

11. Is cover required for Partners Previous Business?

N.B. This extension is not available where the Previous Business was a Limited Liability Company

YES NO

If YES please answer the following question:

Can you confirm that

- all previous businesses of all partners were of a similar nature to the current business?
- there was a dissolution agreement in respect of all previous businesses
- there were no claims made against the previous businesses neither were there any circumstances or incidents which could give rise to a claim
- none of the previous businesses were ever refused similar insurance or quoted increased premiums or had special terms imposed

YES NO

If NO please provide full details:

12. YOUR EXPERIENCE

Can you confirm that

- at least 50% of all directors, partners, principals and consultants are suitably qualified or have at least 3 years relevant experience?
- there have been no significant fluctuations in your income or change in your activities over the last 3 financial years and none are anticipated in the forthcoming year? (not applicable where you have been established for less than 3 years)
- you do not act as a self employed contractor for one employer?
- all work is undertaken to well established techniques in which new and/or original thought developments, processes or designs are not employed

YES NO

If NO please provide full details:

13. YOUR SECURITY

Can you confirm that

- satisfactory written references are always obtained from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods
- all cheques drawn for more than £25,000 require two signatories (including at least one partner)? (Not applicable where you are a sole trader)

YES NO

If NO please provide full details:

14. Have you had any Professional Indemnity claims within the last 5 years?

You should answer 'YES' to this question if within the last five years you or any person insured or proposing for Professional Indemnity insurance has had any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise.

YES NO

If YES please provide full details:

PART B – DIRECTORS AND OFFICERS (Optional)

ONLY COMPLETE IF YOU REQUIRE DIRECTORS AND OFFICERS COVER

15. Is the Company registered in England and Wales, Scotland or Northern Ireland?

YES NO

If NO please provide full details

16. Is the Company either a Private Limited Liability Company, Limited Liability Partnership or a Company Limited by Guarantee?

YES NO

If NO please provide full details

17. Is more than 25% of turnover generated from the USA?

YES NO

If YES please provide full details

18. Are shares owned by anyone other than Directors of the Company or members of their families?

YES NO

If YES please answer the following questions

Are all such shares owned by the Company’s parent or ultimate holding company?

YES NO

If YES please answer questions 20.1

If NO please answer questions 20.2

20.1 (a) Name of the ultimate holding company

(b) Country of registration in respect of ultimate holding company

20.2 Please indicate (✓) which of the following apply:

- (i) A Financial Institution* holds no more than 20% of the shares (directly or indirectly)
- (ii) A Financial Institution* holds more than 20% of the shares (directly or indirectly)
(if this applies please answer question (a) below)
- (iii) A shareholder, not being a Financial Institution*, holds no more than 20% of the shares (directly or indirectly)
- (iv) A shareholder who is not a Financial Institution* holds more than 20% of the shares (directly or indirectly)
(if this applies please answer question (b) below)

** N.B. The term 'Financial Institution' is meant in its broadest sense, i.e. bank, insurance company, venture capital company, building society, investment trust, etc*

(a) If you have indicated that (ii) above applies please provide full details including the name of the shareholder and percentage shareholding.

(b) If you have indicated that (iv) above applies please provide full details including the name of the shareholder and percentage shareholding.

19. Standard cover does not include USA/Canadian jurisdiction, is this required?

N.B. 'Jurisdiction' refers to where claims can be brought e.g. UK courts. It does not restrict where the Company operates. Extending the jurisdiction will affect the terms provided.

YES NO

If YES please answer the following questions:

(a) Does the Company have any employees in the USA

YES NO

If YES please state the approximate number of employees in the USA

(b) Does the Company have any subsidiaries and/or any assets in the USA?

YES NO

If YES please answer the following questions:

(i) In respect of such subsidiaries, are they wholly owned?

YES NO

(ii) Who owns the minority interest?

(iii) what proportion of the share capital is in the minority interest?

(c) Does the Company or any of its subsidiaries have any of their stocks, shares or debentures issued in the USA?

YES NO

If YES please answer the following questions:

(i) on what date was the last offer/tender/issue made?

 / /

(ii) was the offer subject to the United States Security Act 1933 and/or the Securities Exchange Act of 1934 and/or any amendments thereto?

YES NO

(iii) was a 20-F filing made to the ISA Regulatory Authorities?

YES NO

If 'YES' please attach a copy of the latest 20-F filing or similar filing made to the ISA Regulatory Authorities

(d) From the Company's latest audited report and accounts (in the case of new companies utilise management projections for the year) please state the total consolidated assets (i.e. fixed plus current) of the Company (including subsidiaries) in

- o UK
- o USA
- o Elsewhere
- Total

£
£
£
£

20. Has the Company continuously traded for at least 12 months?

YES NO

If NO please answer the following question

Please state the date since the Company has continuously traded

/ /

N.B. Please attach a copy of the business plan.

21. Has there been a management buy-in (MBI) or buy-out (MBO) within the last two years?

YES NO

If YES please answer the following question

Please state the date of the MBI/MBO

/ /

22. Can you confirm that neither the Company nor any of its subsidiaries

- is a Financial Institution
- is primarily a 'dot.com' company
- is a bio-tech/life sciences company
- holds an Air Travel Organisers' Licence (ATOL)
- acts as a Sports Agent

N.B. For the purpose of this quotation the term 'Financial Institution' is meant in its broadest sense, i.e. bank, insurance company, venture capital company, building society, investment trust, etc

YES NO

If NO please provide full details

23. Can you confirm that

- there are no plans to trade the Company's shares
- the Company has not had a pre-tax loss or negative net worth (share capital plus reserves) in any of its last two complete financial years nor is a pre-tax loss or negative net worth anticipated in its current financial year.
- the Company and its subsidiaries are solvent and able to meet their financial obligations as they fall due ((including pensions and benefit obligations)

YES NO

If NO please provide full details

24. Have you had any Directors & Officers claims within the last 5 years?

You should answer 'YES' to this question if within the last five years any person insured or proposing for Directors and Officers insurance has had any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise.

YES NO

If YES please provide full details

PART C – ENTITY DEFENCE (Optional)

ONLY COMPLETE IF YOU REQUIRE ENTITY DEFENCE COVER

25. Have you had any Entity Defence claims within the last 5 years?

You should answer 'YES' to this question if within the last five years you or any person insured or proposing for Entity Defence insurance has suffered any loss or had any claim, prosecution, proceedings or investigations made or instigated against them involving public relations crisis management, identity fraud, official investigations, Corporate Manslaughter, breach of contract, pollution, taxation or Data Protection whether successful or otherwise.

YES NO

If YES please provide full details

PART D – EMPLOYMENT LAW PROTECTION (Optional) (NOT AVAILABLE IN NORTHERN IRELAND)

ONLY COMPLETE IF YOU REQUIRE EMPLOYMENT LAW PROTECTION COVER

26. What are your total number of

- full time employees
- part time employees
- seasonal employees

TOTAL

N.B. 'Employees' includes anyone under a contract of employment, including Directors and Officers

27. Are all employees domiciled in and work in England, Scotland or Wales?

YES NO

If NO please provide full details:

28. FINANCIAL

Can you confirm that you and your subsidiaries are solvent and able to meet all financial obligations as they fall due (including pensions and benefit obligations)

YES NO

If NO please provide full details

29. HUMAN RESOURCES

If your total number of employees exceed 100, can you confirm that you have your own Human Resources (HR) department staffed by qualified employment solicitors or employees qualified to Certificate in Personnel Practice level or higher*, or that you use external consultants qualified to a comparable standard?

YES NO

**N.B. As issued by the Chartered Institute of Personnel and Development*

30. PROCEDURES

Can you confirm the following good practice

- A contract of employment is issued to all employees.
- Written instructions are issued to all staff in the proper implementation of personnel policies and procedures.
- Such contract, instructions and employment policies were drafted in accordance with the latest ACAS guidelines/recommendations and are regularly updated and reviewed
- There are no plans to revise any existing employee benefits during the next twelve months (e.g. Pensions etc)?
- Redundancy procedures comply with all statutory requirements and follow ACAS. guidelines and good practice

YES NO

If NO please provide full details:

31. WORKFORCE

Can you confirm that

- there have been no fundamental changes in the number of employees employed during the last year and none are anticipated
- the number of employees who have either taken early retirement, resigned or had their employment terminated (with or without cause) has not exceeded 20% of the total workforce over the last 2 years
- there has been no adverse reaction to any previous redundancies

YES NO

If NO please provide full details:

32. MERGERS OR ACQUISITIONS

Can you confirm that during the last 12 months you have not merged with or been taken over by any other company nor have you acquired or disposed of any companies?

YES NO

If NO please provide full details

33. Have there been any Employment Law Protection claims/allegations or tribunals within the last 5 years?

YES NO

You should answer 'Yes' to this question if, within the last five years

- *the Proposer or any person insured or proposing for Employment Law Protection insurance has had any claim, prosecution, proceedings or investigations made or instigated against them whether successful or otherwise*
- *the Proposer has had employees who have*
 - *made, or have made against them, allegations of discrimination, bullying and/or harassment (whether sexual, racial or otherwise)*
 - *become involved in a dispute with another party which has or could have resulted in an Employment Tribunal (or similar) or legal proceedings.*

If YES please provide full details:

DECLARATION (Mandatory)

34.

- (i) Has any director, manager, partner or trustee of your's or any person insured or proposing for insurance
 - (a) been convicted, or charged but not yet tried, of any criminal offence other than a motoring offence
 - (b) been declared bankrupt, gone into insolvent liquidation, or been the subject of receivership or an administration order
- (ii) Have you ever had an application for this type of insurance declined by an insurer, had a renewal of such insurance declined, or had similar insurance cancelled or made subject to special conditions
- (iii) Is anyone proposing for insurance aware, **after enquiry, of any circumstance or incident** which they have reason to suppose might afford grounds for any future claim such as would fall within the scope of the proposed insurance which has not already been advised to us

YES NO

If YES please provide full details

Important information concerning your personal information

Please carefully read the following before you sign and date the declaration.

Your insurance cover includes cover for individuals who are either insureds or beneficiaries under the policy (individual insureds). We collect and use relevant information about individual insureds to provide you with your insurance cover and to meet our legal obligations.

This information includes individual insureds' details such as their name and address [and may include more sensitive details such as information about their health and criminal convictions].

We will process individual insureds' details, as well as any other personal information you provide to us in respect of your insurance cover, in accordance with our full Markel privacy notice, a copy of which is available online at <http://www.markelinternational.com/foot/privacy-policy/> or on request.

Information notices

To enable us to use individual insureds' details in accordance with current data protection laws, we need you to provide those individuals with certain information about how we will use their details in connection with your insurance cover.

You agree to provide to each individual insured this short form information notice on or before the date that the individual becomes an individual insured under your insurance cover or, if earlier, the date that you first provide information about the individual to us.

Minimisation and notification

We are committed to using only the personal information we need to provide you with your insurance cover. To help us achieve this, you should only provide to us information about individual insureds that we ask for from time to time.

You must promptly notify us if an individual insured contacts you about how we use their personal details in relation to your insurance cover so that we can deal with their queries.

Important information concerning your duty to make a fair presentation of risk

Please carefully read the following before you sign and date the declaration.

Before the insurance policy takes effect you have a duty to make a fair presentation of the risks to be insured.

A *fair presentation of the risk* is one

- which discloses to us every material circumstance which you know of or ought to know of, or
- gives us sufficient information to put us on notice that we will need to make further enquiries for the purpose of revealing those material circumstances, and
- which makes that disclosure in a manner which is reasonably clear and accessible to us, and
- in which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith.

A *material circumstance* is one that would influence our decision as to whether or not to agree to insure you and, if so, the terms of that insurance. If you are in any doubt as to whether a circumstance is material you should disclose it to us.

Failure to make a fair presentation of risk could prejudice, reduce or modify your rights under the policy.

35. I declare that

- I am authorised to complete this proposal on behalf of the Proposer
- every statement and particular within this proposal form
 - which is a statement of fact, is substantially correct, and
 - which is a matter of expectation or belief, is made in good faith

If any such facts, expectations and/or beliefs materially change before the insurance policy takes effect I will undertake to provide details of all such changes to you in order to comply with my obligation to provide a fair presentation of the risk to be insured under the insurance policy.

*Signed

Name:

*Capacity

Date:

*the signatory should be a director or senior officer of, or partner in, the Proposer.

EASY PAYMENT PLAN

Markel (UK) Limited has negotiated a highly competitive 10 month premium finance plan with a premium finance company for the exclusive use of its Assured's.

To take advantage of these facilities please tick the box below enabling the finance company to dispatch a pre-prepared agreement directly to you for completion and return. Your Certificate of Insurance will be endorsed accordingly.

The level of charge, applied to the total premium (including IPT), will be confirmed on the agreement. Contact your broker or ourselves for a note of current charge.

I WISH TO TAKE ADVANTAGE OF THE 10 MONTH EASY PAYMENT PLAN (TICK AS APPROPRIATE)

NOTICE TO THE PROPOSER

THE UNDERWRITERS

Markel (UK) Limited underwrites business on behalf of Markel International Insurance Company Ltd.

THE LAW OF THE INSURANCE CONTRACT

The parties to this proposed insurance are free to choose the law applicable to the insurance contract. Unless you specifically agree otherwise with Underwriters, your proposed contract will be governed by English Law.

Markel (UK) Limited

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Registered office: 20 Fenchurch Street, London, EC3M 3AZ Registered in England number 2430992

Markel (UK) Limited is an Appointed Representative of Markel International Insurance Company Limited who are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.