



Design Build Application

APPLICANT INFORMATION			
Broker Code:			
Insured Company:			
Contact Name:			
Address			
Postal Code:			
Telephone:		Email:	
Fax:		Website:	
When was your company established?			
How many directors / officers / partners are there in the company?			
Please state the details of all Partners / Directors:			
Name	Years in position	Years experience	Qualifications
Number of employees:			
Professional:		Clerical:	Other:
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 revenue:			
USA revenue:			
Other territory revenue:			
Total revenue:			
Profit/ (Loss):			
Date of Company financial year end:			

ACTIVITIES			
Please briefly describe below the nature of your business activities. <i>If you have a brochure, or company literature, please attach to this form.</i>			
Please provide a full breakdown of your total revenue by activity. <i>The total of all activities listed here should equal 100%</i>			
Architectural:		Nuclear Engineering:	
Town Planning:		Hydraulic / Fire Engineering:	
Structural Engineering:		Plumbing Engineering:	
Drafting Engineering:		Environmental Engineering:	

Geotechnical / Soil Engineering:		Marine Engineering:	
Electrical Engineering:		Feasibility Engineering:	
Civil Engineering:		Expert Witness:	
Foundation / Underpinning Engineering:		Design and Construction:	
Corrosion Engineering:		Project / Construction Manager:	
Acoustic Engineering:		Land Surveying:	
HVAC Engineering:		Quantity Surveying:	
Aeronautical Engineering:		Marine Surveying:	
Chemical Engineering:		Building Surveying:	
Geologist:		Interior Design:	

Other (please provide details):

Description of other work:

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

Domestic Buildings:		Marine Structures:	
Commercial Buildings:		Water / Sewerage Systems:	
Industrial Buildings:		Bulk Handling Structures:	
Public Buildings:		Amusement Structures:	
Mines:		Airports:	
Bridges:		Petrochemical / Refineries:	
Tunnels:		Dams:	
Railways:		Roads / Highways:	

Other (please provide details):

Description of other work:

Do you belong to any association related to these activities? **Yes** **No**
If "Yes", please list these associations below:

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

Do you assume responsibility for any activities mentioned in the lists above? **Yes** **No**
If you have answered "Yes" to the above question, please provide full details of operations below:

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:

Only fill out the remainder of *this section* if you also require a quote for General Liability.

Please state the following:

Your total estimated payroll for the next financial year:

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

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

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

CONTRACT INFORMATION

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

Name of client	Business of client	Nature of your work undertaken for this contract	Total contract values	Start date	Completion date

Approximately how many customers do you have?

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?

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

If “Yes”, explain what percentage of your contracts this is applicable to and what these are capped at.

What approximate percentage of your revenue, in your current financial year, will be paid to sub-contractors? **Yes** **No**

Do you ensure that sub-contractors have their own general liability and errors and omissions insurance? **Yes** **No**

Do any of your contracts contain a service credit or liquidated damages regime? **Yes** **No**

If ‘Yes’ please attach a sample.

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

COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE*Only complete this section if you require this coverage.*

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

Premises 1

Address:

Postal code

Premises 2

Address

Postal Code

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

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

Postal Code:

Are all the premises:

BUILDING INFORMATION (if required)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**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**In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? **Yes No**In a good state of repair and occupied solely as offices? **Yes No**Self contained with a lockable entrance door? **Yes No**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.*Heated by a conventional electric, gas, oil or solid fuel heating system? **Yes No**Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? **Yes No**Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? **Yes No**Fitted with sprinklers either fully or partially? **Yes No***NOTE: Assuming you have answered Yes to the last two questions 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:

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		

Landlord's fixtures & fittings and tenant improvements:		
Personal computers, printers and ancillary computer equipment at the office:		
All other contents at the office:		
Portable computers and associated equipment at home / away from the office:		
All other contents at home / away from the office:		

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):

Would you like a quotation for either of the following extension:	Earthquake	Yes	No
	Flood	Yes	No

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"):		

INSURANCE HISTORY & ERRORS / OMISSIONS

Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance.

	Retroactive date	Effective	Limit	Deductible	Premium	Insurer
Current:						
Required:						

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

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?	Yes	No
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?	Yes	No
Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof?	Yes	No
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?	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

During the past five (5) years, have there been any claims issued on building and/or errors and omissions? If yes, please provide details.	Yes	No
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DECLARATION

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd's Underwriters' insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured's right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker's or insurance company's policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

Signatures(s) of All named Insureds (only required if binding):	Full Name(s):
Position(s) Held at Insured:	Date: