# PROFESSIONAL INDEMNITY PROPOSAL FORM FOR ARCHITECTS & ENGINEERS



Aqueous Underwriting Professional Indemnity Proposal Form for Architects & Engineers

## **Professional Indemnity Proposal Form for Architects & Engineers**

This Proposal Form must be completed using an ink pen or typed by a Principal, Partner, Member or Director of the Proposer on behalf of all those to be afforded cover under the Policy. All questions must be answered to enable a quotation to be provided. If there is insufficient space to answer any question fully, please use Section H - Additional Information, at the end of the proposal form. If you have a brochure, please provide a copy as well as any standard contract terms, conditions, agreements or letters of appointment which you have with your clients.

You should read this Proposal Form carefully. Under the Insurance Act, 2015, you are required to give a Fair Presentation of the risk to the **Insurer**. That duty may not necessarily be discharged by completing this Proposal Form or providing the above requested documentation alone. You should ensure that in presenting the risk you disclose all material information that you know or ought to know of, including that which would be discoverable by a reasonable search of information available to you. Information is material if it would influence the judgement of a prudent insurer in determining to take the risk and, if so, upon what terms. If you are in any doubt as to what is material, or if you believe there is material information that has not been disclosed within this Proposal Form that should be, contact your broker straight away.

If you fail to give a Fair Presentation of the risk this may adversely affect the indemnity available or result in claims not being paid.

### Section A – You and Your employees

Reference to "Proposer", "You" or "Your" in this Proposal Form shall include all names included under question 1 who will be the Insured in the Policy.

1) Name of individual,	partnership or company including any subsidiary companies for whom cover is required
2) Date Established	
3) Website address(es)	
4) Address(es) includir	ng postcode(s) of all offices
5) If there is not a residence how any such office	dent Principal at each of the Proposer's offices, state the addresses concerned and give details of e is supervised?

Please provide details of a	II Principals, Partners, Membe	ers or Directors		
Full Name	Qualifications	Date Qualified	Number of years in this capacity with the Proposer	Number of years relevant experience in this profession
Ensure personal sensitive	ny Principal, Partner, Member data is not included and that	only relevant pr	ofessional information	n is included.
Full Name	Qualifications	Date Qualified	Number of years in this capacity with the Proposer	Number of years relevant experience in this profession
Please state the total num  A) Principals / Partners  B) Other Qualified / Tec  C) Administrative Staff  D) Other Staff  TOTAL	/ Members / Directors			
•	nbership of any Association or and specify if the membership		•	YES,
Has the Proposer or any	person employed been subjec	t to disciplinary	proceedings by any Pı	rofessional Body? YES /
	r, Member or Director been a red to any business which has			
Has any Partner, Principa	l or Director been made perso	nally bankrupt?		YES ,
If 'VES' to questions 11) to	o 13), please give details			

# Section B – Companies who you are associated

1) Do you undertake work for any partnership, company or organisation in which any Principal, Partner, Member, Director or Employee holds a position where they are able to make major decisions on	
behalf of such partnership, company or organisation?	YES / NO
2) Is any Principal, Partner, Member or Director connected or associated (financially or otherwise) with an	•
other practice, company or organisation?	YES / NO
If 'YES' to either question 1) or 2) please provide full details:	1
3) Is cover required for the work you undertake for the associated companies detailed above?	
(Cover is normally restricted to claims made by independent third parties).	YES / NO
4) What percentage of your income is derived from the associated companies detailed above?	%
Section C – Your Activities	
1) Please provide a full and clear description of the activities of all Proposers declared in Section A Questio any features of your work which you believe may be of interest to Insurers for the purposes of evaluating	,, ,

2) i) Please state the approximate percentage of fee income:

Acti	vity	Last Year	Next Year
A.	Architectural – New build	%	%
В.	Non-structural Refurbishment	%	%
C.	Town Planning / Feasibility	%	%
D.	Architectural Consultancy	%	%
E.	Interior / Landscape Design	%	%
F.	Quantity Surveying	%	%
Ġ.	Project Co-Ordination*	%	%
Η.	Project Management*	%	%
_:	CDM Regulations role of "Principal Designer" formerly CDM co-ordinator	%	%
J.	Electrical Engineering	%	%
K.	Heating, Ventilation & Air Conditioning Engineering	%	%
Li.	Mechanical Engineering (ex process and production lines)	%	%
M.	Process Engineering including production lines	%	%
N.	Electronic Engineering	%	%
Ο.	Civil Engineering	%	%
Ρ.	Structural Engineering	%	%
ġ	Soil, Foundation, Underpinning & Piling	%	%
R.	Cladding	%	%
S.	Roofing	%	%
T.	Curtain Wall	%	%
U.	Glazing	%	%
٧.	Chemical Engineering	%	%
W.	Other (Please specify)	%	%
Tota	al	100 %	100 %

<sup>\*</sup> Declare fees under Project Management where you are responsible for appointing other consultants or contractors in connection with the project works and declare under Project Co-ordination where your principal makes such appointments.

ii) Are	there any previous activi	ties not declared in c	questions 1) and 2) wh	ich you require cove	r for? YES / NO
it (	'ES' places give details:				
3)	'ES', please give details:				
•	e state your gross				
	fees (including those pai	d to sub-contractors	) for each of the last th	ree financial years	
	in estimate for the next fi			· ·	the following territories
	itory of clients	Last Year	Second Year Back	Third Year Back	Next Year
					(Estimate)
	nited Kingdom	£	£	£	£
	uropean Union (ex UK)	£	£	£	£
-	SA or Canada, and their	£	£	£	£
	itories and possessions				
	Isewhere	£	£	£	£
Tota	al of A) to D)	£	£	£	£
iii) Do	you enter into any contra you have declared fees fro tails including nature of c	acts where legal juris	er than the UK or have	e answered YES to qu	
		ork for the 3 largest	and average contract	Values in the last 3 y	rears or anticipated in the
	ming year name Nature	of services provided	To	otal Contract Value	Contract Value for the
					services you provided
1)			£		£
2)			£		£
3)			£		£
,					
Avera	ge – client		£		£
name	not required				
5)	Where you are involved required by The Construction of "NO", please provide	uction (Design and N			
6)	Are you or any individu If "YES", provide full do		· ·		
7)	Do you sign Profession: If "YES" please answer		cates?		YES / NO

8)	B) When you provided certification the necessary levels of inspection information to be able to make Have you undertaken any work in the last swimming pools or basements?	n in the past on at all appro the appropri t 6 years or in	the last 6 years: Number: Certified Value or intend to in the future do you undertake opriate stages and have the necessary ates statements in the certificate? tend to in the next 12 months involving ontract, contract value and services provided	YES / NO
9)	Have you had any involvement in project has been used? If "YES", please complete a separate Clad		ers where any type of cladding or curtain wall	YES / NO
10)	Have you had any involvement with High If "YES", please supply details of the num Section H		ninate Panels (internal or external) cts, value of the HPL and extent of services pro	YES / NO ovided in
11)	Have you signed an External Wall Fire Rel If "YES", please supply details of the num			YES / NO
12)			come from each of these sectors for the last f	inancial year
	(or for new practice estimated for the for			0/
	Housing Commercial	%	Healthcare Government & Public Buildings	% %
	Retail	%	Museums	%
	Industrial	%	Parks & Public Spaces	%
	Hotels (ex swimming pools)	%	Conservation / Listed Buildings	%
	Sport & Leisure (ex swimming pools)	%	Bridges / Tunnels	%
	Education	%	Aviation	%
	Marine / Offshore	%	Dams / Harbours / Jetties	%
	Nuclear / Petrochemical	%	Railside / Signalling	%
	Fire Protection / Sprinkler Systems	%	Swimming pools	%
1) Wh	tion D — Sub-contractors and at percentage of your income is paid to sub-contractors and at percentage of your income is paid to sub-contractors.	contractors or	consultants?%	YES / NO
for	you ensure that any consultants (or contractor which you are responsible have a professiona 'ES ", what is the minimum limit of indemnity	al indemnity p	olicy in force?	YES/ NO 
	at vetting procedures do you undertaken of sperience to perform the work, firms known to		rs and consultants including but not limit to sua panel of contractors, financial checks, etc?	uitability and
5) Hov	w is the work of sub-contractors or consultan	ts reviewed?		

in i If "	you require sub-contractors or consultants to be covered* under your Policy for claims made against them respect of work they perform on your behalf? (YES', please give details of the work undertaken by such sub-contractors or consultants on your behalf and the such sub-contractors or consultants.	YES / NO ne names
	Your vicarious liability for the actions of sub-contractors or consultants employed by you is normally covered	
	Automatically	
7) Do	o you undertake any contract which involves your business or subcontractors of your business in:  A) the manufacture, construction, erection or installation	YES / NO
	If "YES", state the proportion of the fees declared which relate to such contracts	% %
	B) the supply of materials, plant, goods or equipment If "YES",	YES / NO
	i) does the supply relate to UK branded products only?	YES / NO
	ii) what proportion of the fees declared relates to such contracts?	%
Sec	tion E –Controls and Risk Management	
1)	Are written contracts used for all jobs/contracts?  If "NO", please explain the circumstances in which you would not have a written contract	YES / NO
2)	Do you use a standard form of contract, agreement or letter of appointment? If "YES", please provide us with copies. If "NO", please explain why and detail the alternative methods you use to confirm terms of engagement your clients?	YES / NO with
3)	If a client changes the specification during a job/contract, do you always confirm the change to a client in writing explaining that it was the client's decision and whether following, or against your advice, as appropriate?  If "NO", please explain the circumstances in which you would not confirm a change in writing	YES/ NO
4)	Do you commit your client to contracts with third parties?  If "YES", do you always obtain your clients' written acceptance of the terms of contracts before	YES / NO
	committing them?  If "NO", please explain the circumstances in which you would not obtain your clients' written acceptance	YES / NO
5)	How long after the completion of a job/contracts are contracts and documents retained?	

6)	Do you have a formal quality assurance or control programme in force?  YES / NO If "YES", please provide details.
7)	Is the Proposer regulated by any professional organisation or trade association (i.e. RIBA, ICE, IStructE, CIBSE, BESA)?  YES / NC If "YES", please provide details.
8)	Please provide details of any accreditations (e.g. investors in people), quality assurance certification (i.e. ISO 9001) or industry awards held by the Proposer or any professional code(s) of practice you work to (i.e. RIBA, ICE, IStructE, CIBSE, BESA).
9)	Do you always obtain satisfactory written references, verify qualifications and previous experience and check any previous Professional Indemnity claim or circumstance history when engaging employees? YES / NO If "NO", please provide details below
10)	How do you ensure that you and your staff keep up to date with changes in legislation and other legal developments which affect the type of work you do and the services you offer?
11)	If you are a sole principal, please provide details of the arrangements for office supervision during your absence?
12)	How is work undertaken by staff checked, vetted or audited, by who and how often?
13)	Have you identified the risk associated with your field of work and taken action to minimise these risks? YES / NC If "YES", please provide details below

# Section F – Your Professional Indemnity Insurance arrangements

1) Please provide details of your current insurance. You need not answer this question if you are currently insured with us. If you are not currently insured, please state 'Not Insured'.

Insurer	
Renewal Date	
Limit of Indemnity	£
Limit Basis (delete as appropriate)	Any one claim (per Single Claim) / Aggregate (all Single Claims)
Premium (ex IPT)	£
Excess	£
Retroactive Date	

2) Has any insurer ever:		
i) declined to offer insurance to the Proposer	or any Principal, Partner, Member or Director?	YES / NO
ii) imposed any special terms on the Propose	r or any Principal, Partner, Member or Director?	YES / NC
iii) cancelled or voided an insurance for the P	roposer or any Principal, Partner, Member or Director?	YES / NO
If you have answered 'YES' to any of these ques	stions, please provide full details:	
, , ,		
3) What Limit of Indemnity and Excess do you	now require?	
Limit of indemnity	Excess	7
£250,000	£500	7
£500,000	£1,000	
£1,000,000	£2,500	7
£2,000,000	£5,000	1
£5,000,000	£10,000	1
Other (please specify) £	Other (please specify) £	
in business or any past or present Principals, Partraware of any incident, fact, matter, a your predecessors in business or any  If you have answered 'YES' to any of the Claims	not, ever been made or threatened against you, your predec ncipal, Partner, Member, Director or Employee? hers, Members, Directors or Employees AFTER FULL ENQUIRY ct or omission which may give rise to a claim against you, past or present Partner, Principal, Director or Employee? History Questions, please provide full details including dates	YES / NO YES / NO , amounts
involved, brief details of the nature of the claim prevent a reoccurrence.	n, whether the claim is paid or still outstanding and state the	steps taken to

Please use this space to provide additional information in support of the answers given within the proposal form or simply

# **Section H - Additional Information**

to provide further details about you or your activities which you feel would be of interest to us or material to the risk. In particular, where you envisage giving a different answer to any of the questions above in the next 12 months because you				
anticipate your circumstances may or will change, please disclose that here. Please clearly show the question number to				
which the information relates.				

#### **SECTION I - DECLARATION**

This declaration should be signed by a Principal, Partner, Member or Director of the Proposer who is fully authorised by the Proposer to do so.

I/we declare that, after full enquiry and reasonable search of information available that the contents of this Proposal Form are true and that I/we have not misstated, omitted or suppressed any material fact or information.

I/we declare that the information within or appended to this Proposal Form and any other information presented to the **Insurer** is a **Fair Presentation** and I/we undertake to disclose information relating to any material alteration of the matter of facts previously supplied to **Insurers**.

A "Fair Presentation" shall mean the statutory duty upon the **Insured** to provide a fair presentation of the risk, more particularly described in Part 2 of the Insurance Act 2015.

Signed:			 	
Name:			 	
Position:			 	
Dated:	/	/		

#### **FAIR PROCESSING NOTICE**

#### PERSONAL INFORMATION

The following explains how we will handle personal information, which we may need to request, in order to provide our services to the **Insured**.

Where this proposal form uses a term which is defined in the General Data Protection Regulation (Regulation (EU) 2016/679) ("Regulation"), then the definition set out in the Regulation shall apply.

#### **Data Protection**

The Insurer and Aqueous Management Limited (the Insurer's Agent) will process the information they hold about the Insured, its employees and other individuals connected to the Insured (including their personal data) for the purposes of providing insurance, fraud prevention, debt recovery and handling claims, as outlined in more detail in the Privacy Notice, a copy of which is available at https://www.aqueousuw.com/privacy-notice. This may mean providing some details to third parties involved in providing insurance cover, or maintaining fraud databases. These third parties may include law enforcement and other statutory bodies, insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies, insurance regulatory authorities and other companies that provide a service to the Insurer. For more detail on the way in which personal data will be processed, please refer to the Privacy Notice.

The **Insured** will ensure that all personal data provided to the **Insurer** and the **Insurer**'s **Agent** has been collected and provided in compliance with all applicable laws. The **Insured** will notify data subjects of the fact that their personal data will be provided to the **Insurer** and the **Insurer**'s **Agent** and the purposes for which their personal data will be used.



