Professional Indemnity

Proposal Form

For the Design and Build Department of Electrical and Mechanical Services Contractors

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. The proposed insurance covers only those losses which arise from certain events discovered or claims made against you during the period of insurance, as specified in the policy or certificate.

Section A: General Information

1.	(a) Proposer's Full Name	
	(b) Include all companies to be insured	
	(c) If the Proposer is not a limited company specify any trading names and the names of all principals and partners.	
	(d) Address and postcode If more than one, please give each address and specify which is your head office.	
	(e) Telephone	
	(f) Email	
	(g) Business description	

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2. When was the business established?

3. Are you financially associated with any other business? ☐ Yes ☐ No

If YES, please provide more information:

4. During the past 5 years has the name of the business been changed or has any other business been purchased or any merger or consolidation taken place? ☐ Yes ☐ No

If YES, please provide more information:

5. Are you:

(a) a member of a trade body or association? ☐ Yes ☐ No

(b) accredited or registered with an approvals or certification body in respect of the work you undertake? ☐ Yes ☐ No

If YES, please provide details including your membership/registration number(s):

Section B: Design and Build Department

1. Design & Build Department Staff Details:

Names of principals and senior members of staff	Title of position and length of time as such	Qualifications and dates qualified

2. Design & Build Department Staff Numbers:

(a) Principal and senior qualified members as listed in 1 above:

(b) Other technical and qualified staff:

Total

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3. Are any of your Design or Build staff based outside of the United Kingdom? ☐ Yes ☐ No

   If YES, please provide details:

4. Do you use independent specialist consultants or sub-contractors? ☐ Yes ☐ No

   If YES, do these consultants/sub-contractors have their own adequate insurance arrangements in place? ☐ Yes ☐ No

5. Are any persons ever hired from outside agencies on a short-term basis to assist the Design and Build Department? ☐ Yes ☐ No

   If YES, please provide details:

6. Please give an approximate percentage split of the disciplines within your Design and Consulting Department:

Electrical Engineering	%	Heating & Ventilation Engineering	%
Air Conditioning Engineers	%	Mechanical Engineering	%
Instrumentation (Electrical/pneumatic)	%	Plumbing	%
Renewable Energy	%	Fire Alarms	%
Fire Stopping	%	Fire Risk Assessments	%
Passive Fire Protection	%	Other	%
		Total	**100**%

7. (a) Please give an approximate percentage split of the disciplines within your Design and Consulting Department:

		Design & Consult Only	Design & Install
Home Building	Individual Dwellings	%	%
	Multiple Dwellings Low Rise	%	%
	Multiple Dwellings High Rise (over 4 storeys)	%	%
	Modular Dwellings (i.e. involving repetitive design)	%	%
Industrial	Power Plants	%	%
	Refinery & Petro-Chemical Installations	%	%
	Manufacturing Plant & Production Areas	%	%
	Industrial Building Systems (i.e. modular/repetitive design)	%	%
	Other:	%	%

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			Design & Consult Only	Design & Install
Commercial	Amenities	Hospitals & Nursing Homes	%	%
	Amenities	Schools & Universities	%	%
	Amenities	Hotels & Student Accommodation	%	%
	Shops & Offices		%	%
	Other:		%	%
Specialist Installations	Installations within a computer environment		%	%
	Intruder Alarm Installations		%	%
	Other:		%	%
Maintenance Contracts			%	%
Testing, Inspection and Certification of Existing Systems			%	%

(b) Does the design work carried out by or on behalf of your business solely consist of well-established techniques? ☐ Yes ☐ No

(c) Have you ever failed to complete a project ☐ Yes ☐ No

If YES, please provide details:

(d) Have you undertaken, or do you undertake, any contracts involving the operation or safety of railway rolling stock or any railway system, aircraft or any aviation system, ships, boats or other seagoing vessels? ☐ Yes ☐ No

If YES, please provide details:

Note: Our standard policy excludes cover for such work. If you intend to perform any this work you should provide full details to underwriters before commencing any contract to enable us to consider any requests for cover.

(e) Have you undertaken or do you undertake any contracts involving passive fire protection, fire stopping or fire risk assessments? ☐ Yes ☐ No

If YES, provide full details, including types of premises where this work is being undertaken:

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(f) Have you undertaken or do you undertake any contract involving Structural alterations to buildings? ☐ Yes ☐ No

If YES, please provide full details:

(g) Please complete the following table (tick appropriate box) with reference to current activities where you contract on a "Design & Build" basis. Please ignore work undertaken as a pure installation only contractor.

Nature of Work	Your Design Activity				Your Design Capability		
	High	Some	None	Sub	Full	Some	None
Lighting Installations	☐	☐	☐	☐	☐	☐	☐
Power Installations	☐	☐	☐	☐	☐	☐	☐
Emergency Lighting	☐	☐	☐	☐	☐	☐	☐
Fire Alarm Systems	☐	☐	☐	☐	☐	☐	☐
Fire Risk Assessments	☐	☐	☐	☐	☐	☐	☐
Sprinklers and/or Wet Risers	☐	☐	☐	☐	☐	☐	☐
Passive Fire Protection	☐	☐	☐	☐	☐	☐	☐
Fire Stopping	☐	☐	☐	☐	☐	☐	☐
Security/CCTV	☐	☐	☐	☐	☐	☐	☐
Building Management Systems	☐	☐	☐	☐	☐	☐	☐
Computer/IT Networks	☐	☐	☐	☐	☐	☐	☐
Data Cabling	☐	☐	☐	☐	☐	☐	☐
Data Centres	☐	☐	☐	☐	☐	☐	☐
Fibre Optics	☐	☐	☐	☐	☐	☐	☐
Control Systems	☐	☐	☐	☐	☐	☐	☐
Power Factor Correction	☐	☐	☐	☐	☐	☐	☐
Broadcast Facilities	☐	☐	☐	☐	☐	☐	☐
Motor Rewinds	☐	☐	☐	☐	☐	☐	☐
HV Jointing	☐	☐	☐	☐	☐	☐	☐
Industrial Installations>36kv	☐	☐	☐	☐	☐	☐	☐
Street Lighting	☐	☐	☐	☐	☐	☐	☐
Underground Cabling	☐	☐	☐	☐	☐	☐	☐
Hazardous Areas	☐	☐	☐	☐	☐	☐	☐
Mechanical Services	☐	☐	☐	☐	☐	☐	☐
Air Conditioning	☐	☐	☐	☐	☐	☐	☐
Heating	☐	☐	☐	☐	☐	☐	☐
Ventilation	☐	☐	☐	☐	☐	☐	☐
Smoke Ventilation Systems	☐	☐	☐	☐	☐	☐	☐
Extraction Systems in Commercial Kitchens & Restaurants	☐	☐	☐	☐	☐	☐	☐
Plumbing	☐	☐	☐	☐	☐	☐	☐
Refrigeration	☐	☐	☐	☐	☐	☐	☐

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Electric Vehicle Charging Points	☐	☐	☐	☐	☐	☐	☐
Solar PV/Solar Thermal	☐	☐	☐	☐	☐	☐	☐
Air Source Heat Pumps	☐	☐	☐	☐	☐	☐	☐
Ground Source Heat Pumps	☐	☐	☐	☐	☐	☐	☐
Underfloor Heating	☐	☐	☐	☐	☐	☐	☐
Biomass	☐	☐	☐	☐	☐	☐	☐
Other Renewable Energy Please specify below:	☐	☐	☐	☐	☐	☐	☐

Section C: Financial information

1. (a) What was your Total Gross Turnover for the last three financial years?

Last Year:	£
One Year ago:	£
Two Years ago:	£
(b) Please state Month of Financial Year End:	£

2. Please give details of your turnover, in £'000s:

	Last 12 Months	Next 12 Months
(a) (i) Turnover where you Design & Install from your own Design & provide full technical supervision		
(ii) Turnover where you accept full design responsibility but sub-contract both Design & Installation to bona fide sub-contractors		
(b) Turnover where you provide Design & Technical Services but		
(c) Turnover where you provide Installation services only having engaged others to provide Design & Technical Supervision on your behalf		
(d) Turnover where you provide Installation services only having been provided with a Design & specification by your Principal or your Principal's agents (Pure Contracting Activity)		
(e) Turnover where you provide Maintenance Services including Technical services		
(f) Turnover where you provide Inspection, Testing or Certification Services (including PAT)		
(g) Other Turnover not mentioned above*		
Total Turnover:		

*Please specify the nature of any turnover given against (g) above

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Does this turnover involve design responsibility for the business? ☐ Yes ☐ No

3. (a) Please give details of the five largest contracts commenced during the last 5 years where the Design and Build Department has been involved:

Date started	Name and type of project	Services performed	Your contract value	Total contract value	Completion date

(b) Please give details of any major new contracts being undertaken during the next 12 Months:

(c) Does any client or contract represent more than 50% of annual work? ☐ Yes ☐ No

If YES, please provide full details:

(d) Do you engage in any overseas operations? ☐ Yes ☐ No

If YES, please provide details:

4. Please give details of existing Professional Indemnity insurance: If none, state "None":

Name of Insurers:

Indemnity Limit: £

Excess: £

Date of expiry of coverage: £

Retroactive Date:

Annual Premium: £

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5. (a) Please advise the Limit of Indemnity you require:

☐ £250,000 ☐ £500,000

☐ £1,000,000 ☐ £2,000,000 ☐ £5,000,000 Other £

Section D: Your Claims and Insurance History

6. Has any Proposal for similar insurance made on behalf of the business, any predecessors in business, or present partners, ever been declined or has any such insurance ever been cancelled or renewal refused? ☐ Yes ☐ No

If YES, please provide full details:

7. Has any Director/Partner 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

If YES, please provide full details:

8. Have any claims for professional negligence, error or omission been made against the business or its present Directors/Partners (whether insured or not)? ☐ Yes ☐ No

If YES, please provide full details:

9. Are any of the Directors/Partners or employees AFTER ENQUIRY, aware of any circumstances, allegations or incidents which may give rise to a claim against the business or its predecessors in business or any of its present or former Directors/Partners? ☐ Yes ☐ No

If YES, please provide full details:

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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.

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Declaration/ 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	
Company position	
Date	

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

Notice To The Proposer

The underwriters

Markel International Insurance Company Limited Trading as ECIC.

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.

Additional Information

Please provide additional information as requested within the proposal quoting the question number to which your comments refer.