

Professional Indemnity Insurance Proposal Form

Please answer all questions fully, if necessary on a separate piece of paper, and if you have a brochure, CV or other information concerning your business please also attach it to this proposal form.

Please return this form (and any additional information) by post, email or fax.

1.	Name of Insured/Proposer	
	Business Name	
	Address	
	Postcode:	
	Telephone number	
	Email Address	
	Web address	
	Date business established:	
	What date does your financial year end?	

2. Full description of your business activities

Number of:	Directors/Partners	<input type="text"/>	Qualified Staff	<input type="text"/>	Others	<input type="text"/>
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Do you engage consultants or sub-contractors? **Yes** **No**

If Yes, please give details of the nature of activities undertaken by such consultants or sub-contractors:

3.

Do you ensure that the consultant or sub-contractor

i) Has Appropriate Qualifications	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii) Maintains Professional Indemnity Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4. By ticking this box, you confirm that:

1. The business or practice has not undertaken any survey &/or valuation work for lending purposes in the last six years
2. The business or practice within the last 10 years has not been involved in any contracts involving cladding or composite panels, cladding systems, rainscreen systems, swimming pools, basements or sub-basement extensions
3. You confirm that all current projects are on time and within budget and confirm all projects completed within the last 5 years have been completed on time and within the agreed budget

5. By ticking this box, you confirm that:

1. No proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director has ever been declined or any such insurance has never been cancelled, the renewal refused or any special terms imposed (other than general market increases)
2. No Partner, Principal, Director or Employee been subject to disciplinary proceedings by any Association or Professional Body
3. No claim has been made against your business or any principal, partner, director or employee whilst in this or any other business or, after a full enquiry, you are not aware of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business

If you are unable to comply with the above statements, please provide further details

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6. The firm's current Insurance Renewal Date

Limit of Indemnity Required

Excess

Premium

7. Please list the firm's three largest contracts undertaken in the last three years

Location and Type of Service Provided	Contract Value	Your Fee	Project Duration
			Start Date: End Date:
			Start Date: End Date:
			Start Date: End Date:

8. Give details of your fees/income derived from clients based in:

	UK	Elsewhere
Turnover where you design and construct from your own design and provide full technical supervision	£	£
Fees where you provide design and technical services with no construction	£	£
Turnover where you construct from others designs performed on your behalf	£	£
Turnover where you construct from others designs and where others carry out technical supervision on your behalf	£	£
Other turnover not specified above	£	£
NB. "Construct" can also mean install or fabricate in this question.		

9. Please confirm the approximate split of each of the following Categories undertaken during the last complete financial year:

Architectural	%	Chemical Engineering	%	Surveying Land	%
Civil Engineering	%	Soil Engineering	%	Surveying Building	%
Structural Engineering	%	Nuclear Engineering	%	Surveying Quantity	%
Mechanical Engineering	%	Electrical Engineering	%	Other work (please specify):	%

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10. Please confirm the approximate division of each discipline undertaken during the last complete financial year:

Individual Dwellings	%	Bridges, Tunnels or Dams	%	Manufacturing Plants	%
Low Rise Multiple Dwellings	%	Railways, Airports, Harbors or Jetties	%	Industrial Building Systems	%
High Rise Multiple Dwellings	%	Sewerage/Water Schemes	%	Hospitals and Nursing Homes	%
Modular Dwellings	%	Power Plants	%	Schools and Universities	%
Roads/Highways	%	Refineries or Petrochemical Plants	%	Commercial Office or Shopping Centers	%
Retail/Business Parks	%	All Others (Please Specify):			

11. Please Provide Details of Principals / Partners / Directors

Name	Date of Birth	Qualifications	No. of Years Experience

12. Please advise if you are a member of the ARB, RIBA or any other regulatory organisation:

13. Additional Material Information:

(A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor)

14. I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

Signature of Principal/Partner/Director

Dated

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