



ARCHITECTS INDEMNITY

PROPOSAL FORM

for

**Insurance effected through Williams Insurance Management
Limited**

15 St Mary at Hill, London EC3R 8EE

Tel: 0203 058 1095 Fax: 0870 4585881

E-mail: info@wimserve.com

Registered Office: as above Registered in England: 4851546

Authorised and regulated by the Financial Conduct Authority



IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The Person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this Proposal does not bind the Proposers or Underwriters to enter a Contract of Insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (Please indicate section number).

E.U. DISCLOSURE CLAUSE (UK)

ONLY APPLICABLE TO PRIVATE INDIVIDUALS AND SOLE TRADERS, WHERE THERE IS A LLOYD'S PARTICIPATION IN THE INSURANCE PLACEMENT.

Notice to the Proposer/Assured.

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.

Any enquiry or complaint should be addressed in the first instance to your Broker.

If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law. The address is:

Complaints and Advisory Department Lloyd's,
One Lime Street, LONDON EC3M 7HA Telephone 020 7623 7100.

LSW 1002 (07/99) (amended).

- 1) **NAME/S** (including trading names) of the Proposer/s:
use a separate sheet if necessary

Name	Date Commenced

- 2) Is cover required for predecessor practices to the Proposer/s?

YES		NO	
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IF YES, please provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

- 3)

Name in full of all Principals	Qualifications	Date Qualified	How long as a Principal with Proposers

- 4) Is cover required for the previous business activities of any Principal?

YES		NO	
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IF YES, please state:

Name of Principal			
Name of Previous Firm			
Period	From / / To / /	From / / To / /	From / / To / /
Fees for Last 3 Yrs	£ £ £	£ £ £	£ £ £
Reason for Leaving			
Position in Firm			
Is there separate insurance covering the activities of this Firm for the Period stated above?			

5) **PROFESSION/BUSINESS** of the Proposer/s:

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NOTE: If you act as planning/site supervisor in accordance with CDM Regulations you must ensure that this activity is included in this business description.

6) **ADDRESS/ES** of Proposer/s

All addresses must be shown together with the Principal responsible for the work at each office:

Address	Principal in charge

Tel No	Fax No

7) **PLEASE PROVIDE DETAILS OF YOUR CURRENT INSURANCE:**

Name of Current Insurers	
Name of Broker	
Renewal Date	
Limit of Indemnity	
Premium	
Excess	

8) Is cover required for any past Partner or Principal?

YES		NO	
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IF YES, please state:

Name	Qualifications	How long with Proposer/s

9) Please state total numbers of:

Principals		Draughtsmen	
Qualified staff		Trained staff	
Others			

10) Do you require any sub-contractor to be indemnified under your insurance arrangements?

YES		NO	
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IF YES, please state:

Name	Qualifications	Fees paid (last financial year)

11) State for the whole Proposer/s

(a) Gross fees received for each of the last five financial years:

				Last Year	Current Year	Next Year Estimate
Year End	/ /	/ /	/ /	/ /	/ /	/ /
UK Work	£	£	£	£	£	£
Overseas	£	£	£	£	£	£

(b) Split of Gross Fees in the last complete financial year:

	UK Work	Overseas
Architectural work stages C to L - new build	£	£
Architectural work stages C to L - non-structural refurbishment	£	£
Town Planning/Feasibility Studies	£	£
Architectural Consultancy	£	£
Interior Design	£	£
Quantity Surveying	£	£
Other Surveys	£	£
Purchase or Lending Valuations	£	£
Fees paid to independent consultants	£	£
Other work (give details)	£	£
TOTAL GROSS FEES	£	£

(c) Total Building Values certified in the past 12 months:

£

12) During the last **FIVE** financial years, **approximately** what percentage of fee income derived from:

Aborted work where no building resulted	%
Work where there was no responsibility to inspect	%

13) (a) Please give the approximate percentages applicable to the following expressed as a percentage of the total gross fees for the last complete financial year:

Public Sector Schools or Universities	%
Private Sector Schools or Universities	%
Public Sector Hospitals	%
Private Sector Hospitals	%
Other Healthcare	%
Public Sector Housing (including Housing Associations)	%
Private Sector Housing Schemes	%
Private Sector Individual Houses	%
Churches/Cathedrals	%
Industrial	%
Retail	%
Commercial Schemes	%
Other (if over 10% give details)	%
	100%

(b) Number of storeys in highest block completed during the last ten years:

IF OVER 10 STOREYS, please give details:

14) Does the Proposer/s now or has the Proposer/s in the past undertaken any services which may create a liability for pollution or contamination?



YES		NO	
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IF YES, please ask for a supplementary environmental questionnaire.

- 15) (a) Please give details of the five largest contracts where construction has commenced during the past six years:

Start Date	Description	Total Contract Value	Extent of Service	Approximate Completion Date
1				
2				
3				
4				
5				

- (b) Please give details of three largest contracts where construction is expected to commence in the next 12 months:

Start Date	Description	Total Contract Value	Extent of Service	Approximate Completion Date
1				
2				
3				

- 16) Has the Proposer/s **at any time** undertaken any work where the "end product" is situated outside the United Kingdom?

YES		NO	
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- (a) **IF YES**, please give the following details:

Country	Start Date	Description	Total Contract Value	Approximate Completion Date	Services Provided

- (b) Does the Proposer/s work other than from its UK offices?

YES		NO	
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- (c) Has the Proposer/s at any time accepted liability other than under the jurisdiction of the UK courts?

YES		NO	
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IF YES to either (b) or (c) then please provide full details listing jurisdiction and amount of work involved on a separate sheet.

- 17) (a) Is the Proposer/s or has the Proposer/s been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

YES		NO	
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IF YES, please give full details (including names of other parties)
special arrangements must be made to cover this type of work

- (b) Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

YES		NO	
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IF YES, give full details of the nature of the association together with the **name** and **business** of the third party.

- (c) Is the Proposer/s or any Principal or any related organisation engaged (either themselves or through sub-contractors) in:

- (i) Actual construction, fabrication or erection
- (ii) Property Development
- (iii) The manufacture, sale, leasing or distribution of any product or process

YES		NO	
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IF YES, please give full details:

- 18) Do you require insurance for:

Loss of Documents	YES		NO		Limit £
Dishonesty of Employees	YES		NO		
Libel & Slander	YES		NO		
Collateral Warranties, Duty of Care Agreements etc	YES		NO		

Some policies give this cover automatically; Collateral Warranties, Duty of Care Agreements etc require special attention and should be discussed with your Broker.

- 19) (a) For what Limit/s of Indemnity are quotations required?

- (b) There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?

- 20) (a) In respect of **ANY** of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?



YES		NO	
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(b) Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of **ANY** of the risks to which this proposal relates?

YES		NO	
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IF YES, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

(c) What steps have been taken to prevent a recurrence?

21) Is any Principal, **AFTER FULL ENQUIRY**, aware of any circumstance which might:

(i) give rise to a claim against the Proposer, any predecessor or any past or present Principal?

YES		NO	
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(ii) cause any loss to the Proposer, any predecessor or any past or present Principal?

YES		NO	
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(iii) Has any proposal for similar insurance made on behalf of the Proposer or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Proposer ever been declined or has any such insurance ever been cancelled or renewal refused?

YES		NO	
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(iv) otherwise affect the consideration of this proposal for insurance?

YES		NO	
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IF YES to any of these, please give details:

Please read this paragraph carefully before signing the declaration:



It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Signature of Principal:

Dated:

A copy of this proposal should be retained by you for your own records.

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION