



PROFESSIONAL INDEMNITY INSURANCE

Design & Construct

PROPOSAL FORM

for

**Insurance effected through Williams Insurance Management
Limited**

15 St Mary at Hill, London EC3R 8EE

Tel: 0203 058 1096 Fax: 0870 4585881

E-mail: info@wimsure.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.

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

Name	Date Commenced

- 2) Is cover required for predecessors to the Firm/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/Directors	Qualifications	Date Qualified	How long as a Principal with Firm

- 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	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £
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 Firm/s:

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6) **ADDRESS/ES** of Firm/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 your 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 give:

Name	Qualifications	How long with Firm/s

9) Please state total numbers of:

Principals/Directors	
Professionally qualified Architects, Engineers and Surveyors	
Other technical or qualified staff	
Others	
Total	

10) (a) Please give details of the 5 largest contracts undertaken where there is design liability, whether direct or contingent, where construction has commenced during the last 5 years:

Start Date	Appx Completion Date	Firm's Contract Value	Total Contract Value	Description of Services Performed
1				
2				
3				
4				
5				

- (b) Please give details of 5 *typical* contracts where there is design liability, whether direct or contingent, where construction has commenced during the last 5 years:

Start Date	Appx Completion Date	Firm's Contract Value	Total Contract Value	Description of Services Performed
1				
2				
3				
4				
5				

- 11) Please state for each of the following, the approximate percentages of the total work carried out by the Design and Consulting department in the last financial year:

- (a)

Architectural	%	Chemical Engineering	%
Civil Engineering	%	Soil Engineering	%
Structural Engineering	%	Nuclear Engineering	%
Mechanical Engineering	%	Surveying	%
Electrical Engineering	%	Others (please give details)	%
Heating & Ventilation Engineering	%		
Total			100%

- (b)

	Design Only	Design and Construction
Home Building		
Individually Designed	%	%
Multiple Low Rise	%	%
Multiple High Rise	%	%
Modular (repetitive design)	%	%
Public/Commercial Buildings		
Hospitals	%	%
Schools/Universities	%	%
Offices/Retail/Warehouses	%	%
Engineering Construction		
Highways	%	%
Bridges/Tunnels/Dams	%	%
Harbours/Jetties	%	%
Sewage/Water Schemes	%	%
Industrial		
Power/Manufacturing Plants	%	%
Refineries/Petrochemical Installations	%	%
Mechanical Plant/Bulk Handling Equipment	%	%
Industrial Building Systems	%	%
All Other		
(Please give details)	%	%
	%	%
	%	%
Total	100%	100%

Please provide details of any substantial changes and major new projects being undertaken during the next 12 months:

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12) Please state the Firm's total gross turnover for each of the last 5 completed financial years:

Year ending	UK Contracts	Overseas Contracts
/ /		
/ /		
/ /		
/ /		
/ /		

13) Please break your turnover down as follows:

	Last Financial Year		Current Financial Year Est.	
	Home	Overseas	Home	Overseas
(a) Turnover where the Firm designs and constructs from its own design and provides full technical supervision				
(b) Fees where the Firm provides design and technical services only (i.e. no construction is undertaken by the Firm)				
(c) Fees where the Firm provides project management or supervision of construction services only (i.e. no construction is undertaken by the Firm)				
(d) Turnover where the Firm constructs from others' design performed on behalf of the Firm (i.e. where there is a contingent design liability)				
(e) Turnover where the Firm constructs from others' design and others' technical supervision				
(f) Other turnover not mentioned above (please give details) - these activities will not normally be covered				
Total				

14) Does the turnover declared in 13(f) relate to any advisory or design services?

YES		NO	
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IF YES, please provide full details, including the approximate turnover involved:

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15) Do you engage in , or are you responsible for, the manufacture or fabrication of any pre-engineered unit?

YES		NO	
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IF YES, please provide full details and explain where the relevant turnover has been declared in Question 13:

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16) Do you ensure that any consultants for which you are responsible have a Professional Indemnity policy in force?

YES		NO	
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17) Do you have a formal quality assurance or control programme in force?

YES		NO	
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IF YES, please provide full details:

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18) a) Does any client or contract represent more than 50% of your annual work?

YES		NO	
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b) Have you ever failed to complete a project?

YES		NO	
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IF YES to either, please provide full details:

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19) Does the work carried out consist of well established techniques?

YES		NO	
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IF NO, please provide full details:

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- 20) (a) Is the Firm/s or has the Firm/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

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- (b) Does the Firm/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.

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- 21) For what Limit/s of Indemnity are quotations required?

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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?

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

YES		NO	
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Has any loss been suffered by the Firm, 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

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

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

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(ii) cause any loss to the Firm, any predecessor or any past or present Principal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(iii) Has any proposal for similar insurance made on behalf of the Firm or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Firm ever been declined or has any such insurance ever been cancelled or renewal refused?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(iv) otherwise affect the consideration of this proposal for insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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IF YES to any of the above, 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.