



**CONSULTING ENGINEERS
PROFESSIONAL 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 | |
|-----|--|----|--|

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 | |
|-----|--|----|--|

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:

| |
|--|
| |
|--|

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 | |
|-----|--|----|--|

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 | |
|-----|--|----|--|

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 |
|---|---------|----------|
| Civil Engineering Consultancy | £ | £ |
| Structural Engineering Consultancy | £ | £ |
| Soil & Foundation Consultancy | £ | £ |
| Mechanical Engineering Consultancy | £ | £ |
| Electrical Engineering Consultancy | £ | £ |
| Heating & Ventilating Engineering Consultancy | £ | £ |
| Architectural Consultancy | £ | £ |
| Town Planning / Quantity Surveying | £ | £ |
| Structural Surveys | £ | £ |
| Valuations on Existing Property | £ | £ |
| Other work (give details) | £ | £ |
| TOTAL GROSS FEES | £ | £ |

12) Does the Proposer/s engage in any of the following types of work?

IF YES, please state percentage of gross fees in the last complete year derived from each type:

| | | | | | |
|--|-----|--|----|--|---|
| Bridges/Flyovers/Tunnels/Dams/Mines | YES | | NO | | % |
| Harbours/Jetties/Sea Defences | YES | | NO | | % |
| Marine Surveys | YES | | NO | | % |
| Bulk Handling Equipment/Hoppers/Silos | YES | | NO | | % |
| Other Mechanical Plant/Equipment | YES | | NO | | % |
| Fertiliser/Ammonia/Urea Plants | YES | | NO | | % |
| Chemicals/Petro-Chemicals/Chemical or Oil Refineries | YES | | NO | | % |
| Nuclear/Atomic Projects | YES | | NO | | % |
| Sewerage/Water Schemes | YES | | NO | | % |
| Hospitals/Universities/Schools | YES | | NO | | % |
| Factories | YES | | NO | | % |
| Housing | YES | | NO | | % |

13) Please state percentage of gross fees in the last complete year derived from each of the following:

| | |
|---|---|
| Industrial Systems Building | % |
| Restoration Work | % |
| Reinforced/Prestressed Concrete | % |
| Soil Testing/Foundations/Piles/Underpinning | % |
| Government Departments | % |
| Local Authorities | % |

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

| | |
|--|---|
| Aborted work where nothing "physical" resulted | % |
|--|---|

15) Please state number of storeys in highest block completed during the last 10 years:

| |
|--|
| |
|--|

IF OVER 10 STOREYS, please give details:

| |
|--|
| |
|--|

16) 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 | |
|-----|--|----|--|

IF YES, please ask for a supplementary environmental questionnaire.

17) (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 | | | | |

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

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(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 | |
|-----|--|----|--|

(c) Has the Proposer/s at any time accepted liability other than under the jurisdiction of the UK courts?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES to either (b) or (c) then please provide full details listing jurisdiction and amount of work involved on a separate sheet.

19) (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 | |
|-----|--|----|--|

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 | |
|-----|--|----|--|

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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| |
|--|

(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 | |
|-----|--|----|--|

IF YES, please give full details:

20) 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.

21) (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?

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 Proposer or any past or present Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(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 | |
|-----|--|----|--|

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?

| |
|--|
| |
|--|

23) 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 | |
|-----|--|----|--|

(ii) cause any loss to the Proposer, any predecessor or any past or present Principal?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(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 | |
|-----|--|----|--|

(iv) otherwise affect the consideration of this proposal for insurance?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

IF YES to any of the above, please give details:

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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.