

# Professional Indemnity Insurance Architects & Engineers Proposal



## NOTES

1. This form does not apply to Practices which also undertake construction, installation or fabrication. These Practices should complete the **Design and Construct Proposal**.
2. Please answer all questions as fully as possible.
3. If you have insufficient space to complete any of your answers, please continue on your headed paper.
4. If you have a brochure about your Practice's operation(s), please forward it with this proposal.
5. Material contained in the Proposer's website is not deemed to form part of this proposal apart from any information attached to the proposal in hard copy form.
6. The form must be signed and dated by a Partner, Principal, Director or Member of the Practice.

A full Policy Wording is available on request. Please ask your broker or usual Liberty Mutual Insurance Europe Limited contact. Please complete this form fully in BLOCK CAPITALS.

## PROPOSER DETAILS

- 1a. Proposer – name(s) of Practice(s)  
(including previous and subsidiary practices requiring cover)

- 1b. Website  
address

- 1c. E-mail  
address

- 1d. Date(s) when the Practice(s) began

- 2a. Address of main office

Postcode

- 2b. Addresses of any other offices

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3. Please describe the general nature of the work undertaken by the Proposer – including any areas of specialisation

4. Give details below of  
**a. Partners/Principal/Directors/Members** and  
**b. Consultants** under a contract of service with the Proposer

Full Name	Age	Qualifications	Date qualified	Number of years in this capacity with the Proposer
a.				
b.				

5. Give details below of previous business experience, as appropriate, or attach curricula vitae  
**Newly established Practice** – complete for each Partner/Principal/Director/Member  
**Existing Practice** – complete for each Partner/Principal/Director/Member who has held such position with the Proposer for less than 5 years

Full Name	Period Engaged in previous occupation	Name of firm/company	Profession or business	Position Held

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6. Please state number of other permanent staff

<b>a. qualified</b>	<input type="text"/>	<b>i. full-time</b>	<input type="text"/>	<b>ii. part-time</b>	<input type="text"/>
<b>b. all others</b>	<input type="text"/>	<b>i. full-time</b>	<input type="text"/>	<b>ii. part-time</b>	<input type="text"/>

7. During the past 5 years, has there been any change to the name of the Proposer or has any amalgamation, acquisition or take-over taken place or have any Partners/Principal/Directors or Members departed, retired or died? Yes  No

If 'Yes', please provide details

8. Is or has the Proposer been a member of a consortium, joint venture, group practice or similar organisation? Yes  No

If 'Yes', please provide details

### FEE DETAILS

9a. Please state the annual gross fees (including those paid to sub-contractors) received from clients based in the following territories:

	Previous Year (Actual)	Last Year (Actual)	Forthcoming Year (Estimate)
<b>i. In Ireland</b>	€	€	€
<b>ii. In the UK</b>	€	€	€
<b>iii. In the USA, its territories and possessions or Canada</b>	€	€	€
<b>iv. Elsewhere (excluding USA &amp; Canada)</b>	€	€	€
<b>Total of i. ii. iii. and iv above</b>	€	€	€
<b>Financial year ending (state month)</b>			

9b. Where fees are shown under ii. or iii. above, please state countries involved and the fees received from each country

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**10a.** Is any work undertaken by the Proposer where the ultimate construction/installation is carried out outside of Ireland? Yes  No

If 'Yes', please provide the following details:

Country	Details of the Contracts and Services provided by the Proposer	Your Annual Income/Fee	Value of largest contract commenced during the last 12 months

**10b.** Does the Proposer operate from offices other than Irish offices? Yes  No

**10c.** Does the Proposer enter into any contracts where the jurisdiction or applicable law is other than Ireland? Yes  No

If the answer to **10b.** or **10c.** is 'Yes', please provide details

**11a.** Please state the largest fee earned from any client in the last 3 years €

**11b.** Please state the average fee per client in the last 12 months €

**12.** Is the Proposer represented in any way in the USA or its territories and possessions or Canada? Yes  No

If 'Yes', please provide details

## SUBCONTRACTORS

**13a.** What percentage of gross fees is paid to sub-contractors employed direct by the Proposer?  %

**13b.** Give details of work carried out by such sub-contractors

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**13c.** Does the Proposer have a contract in place with each sub-contractor? Yes  No

**13d.** Do the terms of contract under which the Proposer appoints sub-contractors require them to carry their own Professional Indemnity Insurance for a minimum coverage of €1,000,000? Yes  No

If the answer to **13c.** or **13d.** is 'No', please provide details

### AREAS OF PRACTICE

**14a.** Please indicate which of the following services are performed by the Proposer by showing the approximate percentage of gross fees received during the past year:

Acoustic Engineering	%	Landscape Architecture	%
Architecture: New build	%	Lift Engineering	%
Architecture: Refurbishment	%	Marine Engineering	%
Asbestos Inspections	%	Mechanical Engineering	%
Building Surveying	%	Mining Engineering	%
Chemical Engineering	%	Nuclear Engineering	%
Civil Engineering	%	Piling	%
Cladding & Curtain Walling	%	Planning Supervisor	%
Drafting/CAD	%	Project Coordination	%
Electrical Engineering	%	Project Management	%
Electronic Engineering	%	Quantity Surveying	%
Environmental Consultancy/ Contaminated Land Work	%	Setting Out	%
Expert Witness	%	Soil Engineering	%
Feasibility Studies	%	Structural Engineering	%
Foundations/Underpinning	%	Town Planning	%
Heating/Ventilation	%	All other (give details)	%
Highways Engineering	%		
Interior Design (non-structural)/ Space Planning	%		

**14b.** Please state the approximate percentage of gross fees for work on feasibility studies (where no further service provided) and/or design work on aborted projects

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15. Please state the percentage of gross fees received in the last year in respect of the following types of work:

Air conditioning for 'clean' rooms	%	Landfills	%
Amusement rides and lifting equipment	%	Manufacturing/Industrial	%
Aviation Industry	%	Mechanical Plant/Bulk Handling	%
Bridges, tunnels and mines	%	Municipal (including libraries, prisons, schools, universities)	%
Communication Systems	%	Multi Storey Car Parks	%
Petro/Chemical	%	Nuclear/Atomic Power Plants	%
Cladding/Curtain Walling	%	Railways	%
Dams, harbours, jetties, offshore installations and marine projects	%	Recreation/Sports/Leisure	%
Design of fire protection and security systems	%	Retail (other)	%
Ecclesiastical	%	Roads/Motorways	%
Low Rise: less than 4 storeys	%	Roofing	%
High Rise: over 4 storeys – (a) flats	%	Sewage/Water Schemes	%
(b) offices	%		
Hospitals/Nursing/other Healthcare	%	Shopping Centres/Supermarkets	%
Shopping Centres/Supermarkets	%	Specialist Glazing	%
Housing (multiple low rise)	%	Warehouses	%
Industrial Waste Treatment	%	All other (please specify)	%

16. Please advise the approximate percentage of the total fee income that the Proposer derives from the following types of client:

Domestic	<input type="text"/> %	Developers	<input type="text"/> %	Local Authority/ Government	<input type="text"/> %
Housing Association	<input type="text"/> %	Commercial Industrial	<input type="text"/> %	Contractor Client	<input type="text"/> %
Other (please provide details)	<input type="text"/>				<input type="text"/> %

17. Give details of the five largest contracts where construction has started in the past 5 years

Client	Location	Start Date	End Date	Total Contract Value	Your Income/ Fee	Description of Your Activities

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18. Please provide details of the three largest contracts where construction is expected to commence in the next year

Client	Location	Start Date	End Date	Total Contract Value	Your Income/ Fee	Description of Your Activities

19. If the Proposer undertakes any survey or valuation work, please provide details

	Previous Year (Actual)	Last Year (Actual)	Forthcoming Year (Estimated)
<b>a. Residential surveys/valuations</b>			
i. Number of full structural surveys			
ii. Number of homebuyer reports			
iii. Number of reports for lenders for mortgage purposes			
iv. Largest survey/valuation undertaken			
v. Average size of valuation			
<b>b. Commercial surveys/valuations</b>			
i. Maximum individual valuation size			
ii. Largest portfolio size			
iii. Average size of valuation			
iv. Average size of portfolio valuation			

20. Please state percentage of gross fees received in the last year applicable to:

Public sector / PFI contracts	%
Contract Values which exceed €10M	%

21. Has the Proposer or any Partner/Principal/Director or Member or other company or organisation related to the Proposer ever provided services in connection with the identification, evaluation, treatment or removal of asbestos, chemicals or other hazardous materials?

Yes  No

If 'Yes', please provide details

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**22.** Is the Proposer or any Partner/Principal/Director or Member or any company or organisation related to the Proposer engaged in:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>a.</b> actual manufacture, construction, erection or installation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>b.</b> the supply of materials, plant, goods or equipment?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>c.</b> property development?                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>d.</b> the development, sale or leasing of computer software?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If 'Yes' to any of the above, please provide details

**23.** Is the Proposer able to confirm that:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>a.</b> no major change is anticipated in the work undertaken by the Proposer in the next 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <b>b.</b> all work is undertaken using well established techniques, materials and design?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If 'No' to any of the above, please provide details

### INTERNAL PROCEDURES

**24.** Does the Proposer work to a professional code of practice? Yes  No

If 'Yes', please provide details

**25.** Is the Proposer currently accredited to (or in the process of becoming accredited to) ISO 9001 (formerly BS5750) Quality Standard or subject to any other form of external assessment/quality assurance system? Yes  No

If 'No', please provide details of any other quality assurance system or external assessment in place



## Professional Indemnity Insurance Architects & Engineers Proposal

**26.** Is the Proposer able to confirm the following:

- |   |  |
|---|--|
| <b>a.</b> written procedures or checklists are used for the professional services provided?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>b.</b> work undertaken by staff is regularly reviewed by a Partner/Principal/Director/Member or qualified manager?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>c.</b> working procedures are reviewed formally at least annually?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>d.</b> contracts or terms of acceptance are evidenced in writing and they specify the work to be undertaken and the extent of the Proposer's responsibility?       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>e.</b> records are kept of all contracts, letters of engagement, client meetings and telephone calls?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>f.</b> working papers are retained for a minimum of 3 years?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>g.</b> diary systems, registers or other procedures are in place and operated to ensure that deadlines are met?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>h.</b> satisfactory written references are always obtained for new employees?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>i.</b> no disciplinary action has been taken by any outside professional or regulatory body against any Partner/Principal/Director/Member, consultant or employee? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If 'No' to any of the above, please provide details

- |  |  |
|--|--|
| <b>27a.</b> Does the Proposer or any Partner/Principal/Director or Member act on behalf of, or undertake work for any firm, company or organisation in which the Proposer or any Partner/Principal/Director or Member has a financial interest?              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>27b.</b> Does any Partner/Principal/Director or Member perform an executive role or hold a position with another firm, company or organisation whereby he or she is able to make a major policy decision on behalf of such firm, company or organisation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <b>27c.</b> Is such other company, firm or organisation associated with any process of manufacture, construction or erection or any form of contracting or supply?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If 'Yes' to any of the above, please provide details

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## INSURANCE REQUIREMENTS

28. Has the Proposer any existing Professional Indemnity insurance in force? Yes  No

If 'Yes', please provide details

Name of Insurer	
Limit of Indemnity	
Excess	
Premium	
Renewal Date	
Retroactive date of current policy	

29. Has any Insurer in respect of the risks to which this proposal relates ever:
- a. declined a proposal or refused renewal for the Proposer or its Partners/Principals/Directors or Members? Yes  No
- b. cancelled or voided an insurance for the Proposer or its Partners/Principals/Directors or Members? Yes  No
- c. imposed special terms, exclusions or increased premium for the Proposer or its Partners/Principals/ Directors or Members? Yes  No

If 'Yes' to any of the above, please provide details

30. Please tick Limit of Indemnity required under this insurance:  
 €250,000  €500,000  €1,000,000  Other (please specify) €

31. How much does the Proposer wish to contribute towards each and every claim?  
 Tick amount required  
 €1,000  €2,500  €5,000  €10,000  Other (please specify) €

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## CLAIMS DETAILS

**32a.** Has any claim been made against the Proposer or any predecessors in business or any Partner/Principal/Director/Member, consultant or employee in relation to the professional services undertaken, or has anyone threatened to bring such a claim, in the last 10 years? Yes  No

**32b.** Has the Proposer or any predecessors in business or any Partner/Principal/Director/Member, consultant or employee incurred any other loss or expense which might be covered under the terms of this insurance? Yes  No

If the answer to question **32a.** or **32b.** is 'Yes', please provide details below or attach a separate note if preferred

Date of claim or loss	Details of each claim or loss	Maximum potential value of each claim or loss	Cost (if any) of claim paid or loss incurred	Reserves held by insurers

**32c.** What action has been taken to prevent a recurrence of any previous claim or loss?

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33. Is any Partner/Principal/Director/Member, **after enquiry**, aware of any circumstances which may:

a. give rise to a claim against the Proposer or any predecessors in business or any present or former Partner/Principal/Director/Member? Yes  No

b. result in the Proposer or any predecessors in business or any present or former Partner/Principal/Director/Member incurring any losses or expenses which might be covered under the terms of this insurance? Yes  No

If 'Yes', to any of the above, please provide details (including maximum potential cost)

34. Has any Partner/Principal/Director/Member been involved in any other business in the last 5 years which has been declared bankrupt, insolvent or gone into liquidation? Yes  No

If 'Yes', please provide details of the business including name, address, trade and dates

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## DECLARATION

I accept that completion of this proposal form does not bind the Proposer or Liberty Mutual Insurance Europe Limited to effect a contract of insurance.

I agree that, if an insurance policy or policies are issued, this proposal and any other information supplied prior to inception of the insurance policy shall form the basis of any contract of insurance effective hereon and shall be incorporated therein.

I hereby declare that I am authorised to complete this proposal on behalf of the Proposer, that the above statements and particulars are true and that full enquiry has been made to ensure their accuracy. I have not omitted, suppressed or misstated any material facts which may be relevant to underwriters' consideration of this proposal.

I undertake to inform Liberty Mutual Insurance Europe Limited of any material change to any fact contained herein that occurs prior to inception of the contract of insurance.

PRINCIPAL/PARTNER/DIRECTOR/MEMBER'S NAME:

DATE:

SIGNATURE:

PROPOSAL DATE:

## IMPORTANT INFORMATION

### Data Protection Acts 1988 and 2003

We may store your information on a computer and use it for administration, risk assessment, research and statistical purposes, marketing purposes and for crime prevention (see further details below). We will only disclose your personal details to third parties, if it is necessary for the performance of your contract with us.

In order to assess the terms of the insurance contract or administer claims which arise, we will need to collect data which the Data Protection Act defines as sensitive such as medical history or criminal convictions. By proceeding with this contract you will signify your consent to such information being processed by the Insurers or the agents.

We will keep your information secure at all times. In certain circumstances, for example for systems administration purposes, we may have to transfer your information to another country, which may be a country outside the European Economic Area (EEA). By proceeding with your insurance application, we will assume you are agreeable for us to transfer your information to a country outside the EEA.

Should you wish to receive a copy of the information we hold on you please contact:

The Compliance Department, Liberty Mutual Insurance Europe Limited,  
3rd Floor, Kestrel House, Clanwilliam Place, Dublin 2  
Tel: 01 818 0505 Fax: 01 818 0528

### Your Insurer

This insurance will be underwritten by Liberty Mutual Insurance Europe Limited  
Liberty International Underwriters is the trading name of Liberty Mutual Insurance Europe Limited; a firm authorised and regulated by the Financial Services Authority (FSA number 202205)

Registered Office: 3rd Floor, Two Minster Court, Mincing Lane, London EC3R 7YE  
Tel: 020 7860 6600 Fax: 020 7860 6290

Registered in England, Registration Number 1088268

PIPPOIRE63-03-11