

Professional Indemnity Insurance Design & Construct Proposal

NOTES

1. This form should be completed by Practices which, in addition to the provision of engineering consultancy, undertake construction, installation or fabrication. Practices whose services do not include construction, installation or fabrication should complete the **Architects and Engineers 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. Email address

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

- 2a. Addresses of main office and/or principal place of business (if different)

- 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. Please state numbers of other permanent staff

a. qualified **i. full-time** **ii. part-time**
b. all others **i. full-time** **ii. part-time**

6. 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



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7. 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

TURNOVER INFORMATION

- 8a. Please state Annual Gross Income earned for each of the years below split between the following categories:

	Previous financial year ended _____		Current financial year ended _____		Forthcoming financial year (estimate)	
	UK	Overseas	UK	Overseas	UK	Overseas
(a) Where the Proposer designs and constructs from their own design and provides full technical supervision						
(b) Where the Proposer designs and constructs from their own design under the supervision of a third party						
(c) Where the Proposer constructs from others' design but provides full technical supervision						
(d) Where the Proposer provides design or technical services but has no involvement in construction						
(e) Where the Proposer constructs from others' design under the supervision of a third party						
(f) Other turnover not specified above. Please provide details of nature of work under 8c below						
Total of (a) (b) (c) (d) (e) and (f) above						



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8b. If any overseas income is declared in 8a. above, please provide details below

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

8c. If any income is declared under 8a.(f) above, please give details of nature of work and services provided

9. Is the Proposer represented in any way in the USA or its territories and possessions or Canada?

Yes No

If 'Yes', please provide details

10. Please provide details below of the five largest contracts in terms of Total Contract Value 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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11. 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

12. Does the Proposer enter into any contracts where the jurisdiction or applicable law is other than UK?

Yes No

If 'Yes', please provide details

- 13a. Does the Proposer engage any sub-consultants or undertake any contracts where the Proposer becomes contractually responsible for the services of any sub-consultant or has it done so at any time within the last 5 years?

Yes No

If 'Yes', please answer questions 13b. and 13c. below

- 13b. Provide details of work carried out by such sub-consultants

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13c. Is there an established procedure to ensure that any sub-consultant is:

- i. Engaged on contractual terms that are at least as onerous as the contractual terms on which the Proposer is engaged? Yes No
- ii. Professionally competent to undertake the work in question? Yes No
- iii. Adequately insured to cover any liability which may arise from their services? Yes No

If the answer to any part of 13c. is 'No', please advise what procedures are in place to manage and control the appointment of sub-consultants

AREAS OF PRACTICE

14. Please indicate which of the following services are performed by the Proposer by showing the approximate percentage of Annual Gross Income received during the past year

Architectural	%	Planning supervisor	%
Building surveying	%	Quantity surveying	%
Chemical engineering	%	Project co-ordination	%
Civil engineering	%	Project management	%
Cladding & curtain walling/ roofing	%	Soil engineering	%
Electrical engineering	%	Structural engineering	%
Foundations/underpinning	%	All other (give details)	%
Heating & ventilation engineering	%		
Mechanical engineering	%		

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15. Please state the percentage of Annual Gross Income received in the last year split by Project Type

Bridges and tunnels	%	Multi storey car parks	%
Petro/chemical	%	Nuclear/atomic power plants	%
Cladding/curtain walling	%	Railways	%
Commercial buildings: less than 4 storeys	%	Recreation/sports/leisure	%
		Retail	%
Commercial buildings: over 4 storeys	%	Roads/motorways	%
Dams, harbours and jetties	%	Roofing	%
Hospitals/nursing/other healthcare	%	Sewage/water schemes	%
Hotels	%	Specialist Glazing	%
Housing (multiple low rise)	%	Warehouses	%
Manufacturing/industrial	%	All other (please specify)	%
Municipal (including libraries, prisons, schools, universities)	%		

16. Have you undertaken contracts involving any of the following in the last 5 years:

- a. PFI or PPP projects? Yes No
- b. Marine or offshore work? Yes No
- c. Nuclear, mining, power generation or petrochemical plant? Yes No
- d. Computer Centres? Yes No
- e. Railway Signalling? Yes No
- f. Mechanical handling systems conveyors, lifting, process or production plant? Yes No
- g. Fire and security systems? Yes No
- h. Heating ventilation and air-conditioning work on commercial premises (other than retail or offices)? Yes No
- i. Work on critical electrical or electronic systems? Yes No
- j. Product design and manufacture? Yes No

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



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17. 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

18. Is the Proposer able to confirm that:

- a. no major change is anticipated in the work undertaken by the Proposer in the next 12 months?

Yes No

- b. all work is undertaken using well established techniques, materials and design?

Yes No

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

INTERNAL PROCEDURES

19. Does the Proposer work to a professional code of practice?

Yes No

If 'Yes', please provide details

20. 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

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21. Is the Proposer able to confirm that:

- a.** the Proposer has a clearly defined project vetting procedure to ensure that any projects which are unusual (either in terms of scope or size) or outside of the Proposer's normal business are reviewed and signed off by a Partner/Principal/Director or Member prior to an offer being made to the client? Yes No
- b.** the Proposer has a client vetting procedure to ensure that all new clients are financially stable? Yes No
- c.** the Proposer has never failed to complete a project? Yes No
- d.** all current projects are progressing in accordance with timescale and budget with no significant unresolved issues? Yes No
- e.** contracts or terms of acceptance are evidenced in writing and specify the scope of work and the extent of the Proposer's responsibility? Yes No
- f.** records are kept of all contracts, letters of engagement, client meetings and telephone calls? Yes No
- g.** records are retained securely for at least 6 years? Yes No
- h.** satisfactory written references are always obtained for new employees? Yes No
- i.** no disciplinary action has been taken by any outside professional or regulatory body against any Partner/Principal/Director/Member, consultant or employee? Yes No

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

22a. 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 No

22b. 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 No

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

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INSURANCE REQUIREMENTS

23. 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	

24. 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

25. Please tick Limit of Indemnity required under this insurance:
 £500,000 £1,000,000 £2,000,000 Other (please specify) £

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

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CLAIMS DETAILS

27a. 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 5 years? Yes No

27b. 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 **27a.** or **27b.** 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

27c. What action has been taken to prevent a recurrence of any previous claim or loss?

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28. 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)

29. 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 Act 1998

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, Two Minster Court, Mincing Lane, London, EC3R 7YE. DX 763 (London/City)
Tel: 020 7860 6600 Fax: 020 7860 6290

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

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