

ARCHITECTS PROFESSIONAL INDEMNITY PROPOSAL FORM



1	Name and Address in full of the Proposer/s (use a separate sheet if necessary):		
Date Commenced:			
Website:			

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	Please provide details of all current Principals including qualifications:			
	Name in full of all Principals	Qualifications	Date Qualified	How long as Principals with Proposer

4	Is cover required for the previous business activities of any Principal?	YES		NO	
If YES , please provide full details:					
	Name of Principal:				
	Name of Previous Firm:				
	Period:	From __ / __ / ____	From __ / __ / ____	From __ / __ / ____	

ARCHITECTS PROFESSIONAL INDEMNITY PROPOSAL FORM



		To __ / __ / ____	To __ / __ / ____	To __ / __ / ____
	Fees for Last 3 years:	20__ 20__ 20__	20__ 20__ 20__	20__ 20__ 20__
	Reason for leaving:			
	Position in Firm:			
	Is there separate insurance covering the activities if this Firm for the Period stated above?			

5	PROFESSION/BUSINESS of Proposer/s:

6	ADDRESS/ES of Proposer/s, all address/es must be shown together with the Principal responsible for the work at each office:	
	Address	Principal in charge

7	If presently insured, please provide details of your current PI arrangements:	
	Name of current Insurers:	
	Name of your Broker:	
	Renewal Date:	
	Limit of Indemnity:	
	Premium:	
	Excess:	
	Retroactive Date:	

8	Is cover required for any past Partner or Principal?	YES		NO	
	IF YES , please provide full details:				
	Name of Partner / Principal	Qualifications	How long with the Proposer/s		

ARCHITECTS PROFESSIONAL INDEMNITY PROPOSAL FORM

9	Please state total numbers of:		
	Partners / Principals		
	Qualified Staff		
	Draughtsmen		
	Trained staff		
	All other		

10	Do you require any sub-contractor to be indemnified under your insurance arrangements?	YES		NO	
	ii) Is any sub-contractor required to be indemnified under your insurance arrangements?	YES		NO	
	If YES , please state:				
	Name	Qualifications	Fees Paid (last financial year)		

11	(i) Please state for the whole Proposer/s total gross fees received:			
		Last complete financial year	Current financial year	Forthcoming financial year
	Year end:	___ / ___ / ____	___ / ___ / ____	___ / ___ / ____
	Home:	MZN	MZN	MZN
	Overseas:	MZN	MZN	MZN

11	(ii) Please Split of Gross Fees in the last complete financial year:	
	Architectural – new build	%
	Architectural – non-structural refurbishment	%

ARCHITECTS PROFESSIONAL INDEMNITY PROPOSAL FORM

	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	100%

11	(iii) Total Building Values certified in the past 12 months:	MZN
----	--	-----

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	(i) 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	%
	Industrials	%
	Retail	%

ARCHITECTS PROFESSIONAL INDEMNITY PROPOSAL FORM

	Commercial Schemes	%
	Other (if over 10% give details)	%
	Total	100%

13	(ii) Number of storeys in highest block completed during the last 10 years:	100%
	IF OVER 10 STOREYS , please give details:	

14	Does the Proposer/s now or had the Proposer/s in the past undertaken any services which may create a liability for pollution or contamination?	YES		NO	
	If YES , please provide details:				

15	(i) Please give details of the 5 largest contracts where construction has commenced during the past 6 years				
	Start Date	Description	Total Contract Value	Extent of Service	Appx Completion Date
	1				
	2				
	3				
	4				
	5				
	(ii) Please give details of 3 largest contracts where construction is expected to commence in the next 12 months:				
	1				
	2				

ARCHITECTS PROFESSIONAL INDEMNITY PROPOSAL FORM

	3				
16	(i) 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 the other parties) special arrangement must be made to cover this type of work:				

17	(i) For what Limit/s of Indemnity are quotations required?
	(ii) There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve premium saving? If so, for what level of excess?
	%

18	(i) 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	
	IF YES , please provide details:				
	(ii) 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 the proposal relates?	YES		NO	
	IF YES , please provide details:				
	Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding	
	(iii) What steps have been taken to prevent a recurrence?				

ARCHITECTS PROFESSIONAL INDEMNITY PROPOSAL FORM



19	Is any Principal, AFTER FULL ENQUIRY , aware of any circumstances 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 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:				

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.

Dated this _____ day of _____ 20 _____

Signature of Principal: _____

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

NOTE: This Proposal Form should be completed by YOU and signed by YOU. If the Proposal Form has been completed by your BROKER, review the Proposal Form before signing it. DO NOT sign a BLANK Proposal Form.

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION