

## ENGINEERS PROFESSIONAL INDEMNITY PROPOSAL FORM

1	Name and Address in full of the proposer:		
Date Commenced:			
Website:			

2	Is cover required for predecessor practices to the Proposer/s?	YES		NO	
If <b>YES</b> , please provide full details:					
	<b>Name of Predecessor</b>	<b>Date Commenced</b>	<b>Date Ceased</b>	<b>Reason for Cessation</b>	

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

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4	Is cover required for the previous business activities of any Principal?	YES		NO	
If <b>YES</b> , please provide full details:					
	<b>Name of Principal:</b>				
	<b>Name of Previous Firm:</b>				
	<b>Period:</b>	From __ / __ / __ To __ / __ / __	From __ / __ / __ To __ / __ / __	From __ / __ / __ To __ / __ / __	
	<b>Fees for Last 3 years:</b>	20__ 20__ 20__	20__ 20__ 20__	20__ 20__ 20__	
	<b>Reason for leaving:</b>				
	<b>Position in Firm:</b>				
	<b>Is there separate insurance covering the activities if this Firm for the Period stated above?</b>				

5	<b>PROFESSION/BUSINESS</b> of Proposer/s:

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

7	If presently insured, please provide details of your current PI arrangements:	
	<b>Name of current Insurers:</b>	
	<b>Name of your Broker:</b>	

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	<b>Renewal Date:</b>	
	<b>Limit of Indemnity:</b>	
	<b>Premium:</b>	
	<b>Excess:</b>	
	<b>Retroactive Date:</b>	

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

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

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

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11	State for the whole Proposer/s:			
	i) Gross fees received:			
		<b>Last complete financial year</b>	<b>Current financial year</b>	<b>Forthcoming financial year</b>
	<b>Year end:</b>	__ / __ / 20__	__ / __ / 20__	__ / __ / 20__
	<b>Home:</b>			
	<b>Overseas:</b>			

(ii) Split of Gross Fees in the last complete financial year:	
<b>Civil Engineering Consultancy</b>	%
<b>Structural Engineering Consultancy</b>	%
<b>Soil &amp; Foundation Consultancy</b>	%
<b>Mechanical Engineering Consultancy</b>	%
<b>Electrical Engineering Consultancy</b>	%
<b>Heating &amp; Ventilating Engineering Consultancy</b>	%
<b>Architectural Consultancy</b>	%
<b>Town Planning/Quantity Surveying</b>	%
<b>Structural Surveys</b>	%
<b>Valuations on Existing Property</b>	%
<b>Other work (please give details)</b>	%
<b>Total</b>	<b>100%</b>

12	Do you anticipate any major changes in these activities in the forthcoming 12 months?	<b>YES</b>		<b>NO</b>	
	If <b>YES</b> , please provide details:				

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13	Does the Proposer/s engage in any of the following types of Work? <b>IF YES</b> , please state what 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	%
	Sewage/Water Schemes	YES		NO	%
	Hospitals/Universities/Schools	YES		NO	%
	Factories	YES		NO	%
	Housing	YES		NO	%

14	Please state percentage of gross fees in the last complete year derived from each of the following:				
	<b>Industrial Systems Building</b>				%
	<b>Restoration Work</b>				%
	<b>Reinforced/Prestressed Concrete</b>				%
	<b>Soil Testing/Foundations/Piles/Underpinning</b>				%
	<b>Government Departments</b>				%
	<b>Local Authorities</b>				%

15	During the last <b>FIVE</b> financial years, <b>approximately</b> what percentage of fee income derived from:				
	<b>Aborted work where nothing “physical” resulted</b>				%

16	Please state number of storeys in highest block completed during the last 10 years:				
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17	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 <b>YES</b> , please provide details:				

18	(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				
	3				

19	(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	
	<b>IF YES</b> , please give full details (including names of the other parties) <b>special arrangement must be made to cover this type of work:</b>				

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20	Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?			YES		NO	
	If <b>YES</b> , please give full details of the nature of the association together with the <b>name</b> and <b>business</b> of the third party.						
21	(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?						
							%
22	(i) In respect of <b>ANY</b> 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 <b>YES</b> , please provide details:							
	(ii) Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of <b>ANY</b> of the risks to which the proposal relates?			YES		NO	
IF <b>YES</b> , please provide details:							
	<b>Date of claim/loss</b>	<b>Brief details of each claim/loss</b>	<b>Cost of claim/loss</b>	<b>Estimated cost of claim/loss outstanding</b>			

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

23	Is any Principal, <b>AFTER FULL ENQUIRY</b> , 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
	<b>IF YES</b> 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





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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.

### **PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION**

**PLEASE 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.