

**Professional Indemnity Insurance
Proposal Form
Architects and Engineers
Annual Cover**

I. General Data	
1. Name of firm	
2. Address of head office	
3. Address of branch office(s) and name(s) of resident partner(s)	
4. In which countries do you carry out projects?	
5. When was the firm established?	
6. During the past five years, has the name of the firm been changed or has any other firm been purchased or any merger or consolidation taken place? If so, please give full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Details of all practising principals or partners			
Names	Qualifications, dates qualified/total duration of professional experience	Position held in company and how long	
8. Total number of principals, partners and staff			Number
Technical: <ul style="list-style-type: none"> - Principals, partners or officers - Other qualified engineers - Surveyors - Qualified architects - Draughtsmen - Other qualified staff (please specify) - Trainee staff 			_____
Total non-technical / administration staff			_____
9. Do you give work to independent firms, subcontractors and/or specialists?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please state kind of work and percentage of fees.			_____ %
(The professional liability of such independent firms is not covered under the proposed policy.)			
10. Are you financially connected with a client?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of client:			
11. Is a major part of the work carried out for only one client?			<input type="checkbox"/> Yes <input type="checkbox"/> No
II. Nature and volume of your present and foreseeable future activities			
1. In which of the following professions is your firm engaged?			
a) Civil engineering			<input type="checkbox"/>
b) Structural engineering			<input type="checkbox"/>
c) Mechanical engineering			<input type="checkbox"/>
d) Electrical engineering			<input type="checkbox"/>
e) Heating and ventilating engineering			<input type="checkbox"/>
f) Chemical engineering			<input type="checkbox"/>
g) Soil engineering			<input type="checkbox"/>
h) Others, not shown (please specify)			<input type="checkbox"/>

2. Division of the firm's activities		% of total fees	
a) Feasibility studies, reports, surveys, etc. Please specify projects		_____	%
b) Bridges and/or tunnels and roads		_____	%
c) Dams, rivers and ports/harbours, jetties		_____	%
d) Mines, underground or subaqueous works		_____	%
e) Airports		_____	%
f) Sewerage schemes, water supply		_____	%
g) Foundations and underpinning, railways and subways		_____	%
h) Water schemes, agricultural engineering		_____	%
i) Nuclear or atomic projects		_____	%
j) Chemical, petrochemical plants		_____	%
k) Housing schemes		_____	%
l) High-rise buildings		_____	%
m) Schools, hospitals, municipal buildings		_____	%
n) Industrialized system buildings		_____	%
o) Mechanical plant and bulk handling equipment (including silos, etc.)		_____	%
p) Other works including any specialist activities not shown above (specify which)		_____	%
3. Responsibilities			%
a) Design only		_____	%
b) Supervision only		_____	%
c) Design and supervision		_____	%
d) Project management (turn-key contract) (see also III/3)		_____	%
e) Other activities:		_____	%
4. Construction values and fees			
	Past financial year	Current financial year	Estimate coming financial year
a) Construction Values			
b) Gross fees received			

<p>5. List some of the largest and typical projects performed by your firm during the last five years (brief description including values and fees)</p>	
<p>III. Further activities</p>	
<p>1. Do you also concern yourself with the sale and administration of real estate?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Do you construct and sell houses and/or flats for your own account?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Do you act as a project manager or main contractor?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Are you an agent for goods used for construction or do you obtain commission from the sale or distribution of such goods?</p> <p>What kind of goods?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Are you connected with firms constructing houses and flats or with auxiliary firms to the building industry or with other firms as a</p> <ul style="list-style-type: none"> - member of the board? - partner? - shareholder (more than 3%) <p>Name of firms and activities</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Do you activities include giving expert opinions?</p> <p>Also for municipal and state authorities?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

IV. Previous Insurance/previous claims					
1. Have you previously been insured? If so, please specify:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name of Insurer	Policy period	Policy wording on claims-made basis	occurrence basis	Limit of indemnity
1			<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	
5			<input type="checkbox"/>	<input type="checkbox"/>	
2. Has a previous application been declined? Has a previous insurance a) required increased premium? b) required special restrictions? c) been terminated/not been renewed by an insurer If so, please give detailed information.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have any claims been made during the past five years against your firm? If so, please advise amount and background of each claim.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is your firm aware of any circumstances or incidents which may result in a claim against your firm? If so, please give details.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
V. Indemnity required					
1. Limit any one claim					
2. Limit in the annual aggregate					
3. Deductible each and every claim to be borne by insured					

VI. Endorsements to basic cover		<input type="checkbox"/> Yes	<input type="checkbox"/> No
1.	Dishonesty of employees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Loss of documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Incoming/outgoing partners a) Incoming partners b) Outgoing partners If this extension is required, please advise names of the partners and incoming/outgoing dates.	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
4.	Third party liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this _____ day of _____, _____

For and on behalf of _____

Signature of partner or principal _____

Please attach a brochure concerning your firm.