



PRIEST & CO LTD

**DESIGN & CONSULTING DEPARTMENT OF A
BUILDING OR ENGINEERING CONTRACTOR**

**PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM**

Please Note:

- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- Please answer all the questions giving full and complete answers. Please use a separate sheet of paper if insufficient space. If necessary please write additional relevant facts on a separate sheet of paper.
- The proposal form must be completed and signed & dated by a person who is of legal capacity and have the authorisation to request this insurance for the Proposer.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.
- All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of any claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters. If you are in doubt as to what constitutes a material fact, you should consult your broker.

Please supply the following additional information:

- CV's of Principals
- Copy of Standard Contract Terms and Conditions (if applicable)

**First Floor, 8-9 Lovat Lane, London EC3R 8DW
Telephone 020 7623 8626 Facsimile 020 7929 2126 e-mail general@priestco.com**

**Authorised and Regulated by the Financial Services Authority
Registered Office: Bridge House, London Bridge, London SE1 9QR. Registered in England
No. 1682825**



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Details of Proposer

1. Name of Firm(s), (including trading names), of all entities to be Insured:

2. Address(es) of the Firm:

3. Website address:

4. Establishment Date of Firm:

5. Is the Firm associated with or have any financial interest in any other Firm?

Yes/No

If Yes, please provide full details:

6. Please provide details of the Principals/Partners/Directors of the Firm:

Name	Qualifications	Date Qualified	Date Commenced



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7. Please state total number of:

Principals/Partners/Directors:

Other Technical Staff:

Qualified Staff:

Administrative/Other:

- 8. a) Has the name of the Firm ever been changed? **Yes/No**
- b) Has any other practice or business amalgamated or merged with you? **Yes/No**
- c) Have you purchased any other practice or business? **Yes/No**

If Yes to any of the above, please provide full details:

- 9. Does the Firm belong to any professional/regulatory bodies, trade associations or societies? **Yes/No**

If Yes, please provide details:

- 10. Please provide a split of the professional work undertaken within your Design & Consulting Department in the previous and current year:

Categories:	Year:	Year:
Architectural	%	%
Civil Engineering	%	%
Structural Engineering	%	%
Mechanical Engineering	%	%
Electrical Engineering	%	%
Heating & Ventilating Engineering	%	%
Chemical Engineering	%	%
Soil Engineering	%	%
Nuclear Engineering	%	%
Entertainment/Leisure Industry	%	%



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Surveying – 1) Land	%	%
2) Quantity	%	%
3) Building	%	%
Others	%	%
Fees paid to Consultants, Sub-Contractors or Agents	%	%
Other Work – Please give full details:	%	%
	TOTAL: 100%	TOTAL 100%

11. Have your activities changed in the past 5 years or do you anticipate any major changes in these activities in the forthcoming 12 months **Yes/No**

If Yes, please provide full details:

12. a) Please indicate the percentage of gross fees in the previous year that the following types of work represent:

	Design Only	Design & Construct
HOME BUILDING		
Individual Dwellings	%	%
Low Rise Multiple Dwellings	%	%
High Rise Multiple Dwellings	%	%
Modular Dwellings (ie involving repetitive design)	%	%
ENGINEERING CONSTRUCTION		
Highways	%	%
Bridges, Tunnels and Dams	%	%
Railways, Airports, Harbours and Jetties	%	%
Sewerage/Water Schemes	%	%



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INDUSTRIAL		
Power Plants	%	%
Refineries and Petro-Chemical Installations	%	%
Manufacturing Plants	%	%
Industrialised Systems Buildings	%	%
AMENITIES		
Hospitals and Nursing Homes	%	%
Schools and Universities	%	%
Hotels and Recreation Centres	%	%
Other Specialist Construction	%	%
	TOTAL: 100%	Total 100%

b) Do you engage in the manufacture or fabrication of any pre-engineered unit? **Yes/No**

If Yes, please provide full details:

c) Please provide details of the type of work normally carried out:

d) Has the Firm every failed to complete a project? **Yes/No**



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13. Please give details of Turnover

	Current Financial Year		Estimate for Next Financial Year	
	Home	Overseas*	Home	Overseas*
a) Turnover where firm designs and constructs from their own designs, and provide full technical supervision				
b) Fees where firm provides design and technical services, where no construction is involved by the firm				
c) Turnover where firm constructs from other's designs performed on behalf of the firm				
d) Turnover where firm constructs from other's design and other's technical supervision performed on behalf of the firm				
e) Other turnover not mentioned above. Please give brief details				
Total turnover for whole group				

* Please specify percentage split of income emanating from USA/Canada or work subject to USA/Canadian law:

14. a) Please provide details of the 5 largest contracts undertaken in the last 5 years where the Design and Consultancy has been carried out by the Firm or where the Firm has sub-contracted the design work:

Date Started	Name and Type of Project	Services Performed	Total Contract Value	Estimated Date of Completion



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b) Please provide details of the largest 3 contracts (in terms of total project value) expected to commence in the next 12 months where you have responsibility for design or other professional services:

Date Started	Name and Type of Project	Services Performed	Total Contract Value	Estimated Date of Completion

15. a) Does the Firm use a standard form of contract, agreement or letter of appointment? **Yes/No**

If Yes, please attach a copy.

b) Does the Firm always confirm verbal report in writing? **Yes/No**

If No, please explain:

16. Does the firm undertake any work which involves polluted land or property, or advise third parties as to whether or not land or property may be polluted or contaminated? **Yes/No**

If Yes, do you have a standard contract or terms of engagement which incorporates a disclaimer or limitation of liability in respect of pollution and contamination? **Yes/No**

If Yes, please confirm how long this has been used:
(Please supply a copy)

17. a) Does the Firm use the services of consultants, sub-contractors or agents? **Yes/No**

If Yes, do you require them to have PI Insurance and if so what limit of indemnity:

b) What percentage of your income relates to sub-contracted work?

18. Is or has the Firm been a member of a consortium, group practice, joint venture, strategic alliance or involved in any single project partnership? **Yes/No**

If Yes, please provide full details:



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Previous/Current Insurance

1. Does the Company currently have a Professional Indemnity Insurance policy in force? **Yes/No**

If Yes:

a) Insurer

b) Expiry Date

c) Limit of Indemnity

d) Excess

e) Premium

f) Expiry Retroactive Date

2. Has any previous policy for Professional Indemnity insurance been cancelled or refused or had any special terms imposed by any insurer? **Yes/No**

If Yes, please provide full details:

3. Please indicate the Limit of Indemnity required:

£500,000, £1,000,000, £1,500,000, £2,000,000, £2,500,000, £3,000,000, £5,000,000

Please specify if other –

4. What Excess is the Proposer prepared to carry uninsured?

£1000, £2,500 £5,000 £10,000 or 'Other'



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Claims/Circumstances Information

1. Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or present or past partners, principals or directors? **Yes/No**

If Yes, have such matters been notified to current or previous Underwriters? **Yes/No**

Please provide full details:

2. Are you or any partners, directors or principals, after having made full enquires, including of all staff, aware of any of the following matters?

a) Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, director principal or employees? **Yes/No**

b) The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you? **Yes/No**

If Yes, please provide full details:



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Declaration

The undersigned authorised Officer of the Company declares that the statements and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this Proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature:.....

Name:.....

Position.....

Date.....