



Professional Indemnity Insurance Proposal Form
for Architects



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1) Full trading names of all Firms to be insured under this arrangement:	
Name(s)	Date Established

2a) Website	
2b) Email Address	
2c) Telephone Number	

3) All addresses:

4) Full names of Directors/ Partners/ Principles & Consultants			
Name	Age	Qualifications	Date Qualified

5) Total Number of Staff			
Principals	Qualified Staff	Unqualified Staff	Others

6) If cover is required for Your previous business (predecessor practices), please provide full details below:			
Name(s)	Start Date	End Date	Reason for winding up/leaving

7a) Has any Principal ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body? If YES, please provide full details:

7b) Please provide full details if any Principal has been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily:

8) Current Professional Indemnity Policy					
Insurer	Broker	Limit of Indemnity	Excess	Premium	Renewal Date

9) Breakdown of turnover/fees:					Financial Year End:	
	20 ()	20 ()	20 ()	20 ()	20 ()	Next Year
UK						
USA/Canada						
EU						
Elsewhere						
Total						

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10) Breakdown of Your activities and percentage of income generated for each discipline:	
Architectural Work (excluding non-structural refurbishment)	%
Non-structural Refurbishment	%
Town Planning/Feasibility Studies %	%
Architectural Consultancy	%
Interior Design	%
Landscape Design	%
Quantity Surveying	%
Other Work – please provide full details:	%
Total:	%

11) Breakdown of contract types described below and percentage of income generated for each:	
Commercial Schemes	%
Retail Works	%
Industrial Works	%
Churches/Cathedrals	%
Private Sector Individual Houses	%
Private Sector Housing (including Housing Associations)	%
Public Sector Hospitals	%
Private Sector Hospitals	%
Public Sector Education	%
Private Sector Education	%
Bridges/Tunnels/Dams	%
Other Work – please provide full details:	%
Total:	%

12) What percentage of your Income in the past financial year derived from aborted work?	%
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13) Do You anticipate professional activities/services provided will change over the forthcoming twelve months?

14) Are You involved in the process of manufacturing, construction, alteration, repair, installation, sale or supply of products, other than in pure design consultancy capacity?

15) Do You engage the services of sub-contractors? If YES, please provide answers to the following, otherwise skip to the next question.	
What percentage of fees/turnover was paid to sub-contractors during the last financial year?	%
Do You always require Your sub-contractors to hold their own Professional Indemnity coverage and verify that it is in force?	
If YES, please confirm the minimum limit You require them to maintain:	

16) Please provide details of Your 3 largest contracts that have been completed in the past 6 years:					
Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Est Completion Date

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17) Please provide details of Your 3 largest contracts currently in hand.					
Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Est Completion Date

18) What is the average single value of all contracts performed over the last 12 months? £

19) Have You at all times used written agreements for each contract undertaken, which clearly outline the services to be provided? Can You confirm all changes to the specifications or agreed deliverables in writing, explaining the cost changes and other implications?
 (If NO, please detail what procedures are undertaken to ensure that any revised specifications/deliverables are agreed and understood by all parties)

20) Do You undertake any projects where construction is outside the United Kingdom?						
Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract/Fee	Est Completion Date

21) Have You at any time entered into a contract that is subject to the laws of countries outside the United Kingdom?

22) Have You ever entered into contracts on behalf of clients? If YES is written sign off for the contract terms always obtained from Your client prior to doing so?

23) Has any claim been made or loss suffered by You, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? If YES, please provide details below				
Date of Claim/Loss	Details of Claim/Loss	Amount Paid	Date Settled	Outstanding Reserve

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24) Are you aware of any of the following?	YES	NO
Any circumstances which might lead to a claim against You, whether insured or not, in respect of any of the risks to which this proposal for insurance relates?		
Any matter which might otherwise affect the consideration of this proposal?		
Has any application for similar insurance made on Your behalf or on behalf of any past or present Principal ever been declined, refused renewal, cancelled or accepted only on special terms?		
If the answer to any of the above is YES, please provide full details below:		

25) Please select the Limit of Indemnity you require:	26) What Level of Excess Do You require?
£250,000.00	
£500,000.00	
£1,000,000.00	
Other Limit of Indemnity:	
£2,000,000.00	
£3,000,000.00	
£5,000,000.00	

27) Additional Information:

DECLARATION

I/We declare that the previous statements and particulars are true and I/We have not suppressed or mis-stated any material facts.

I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any subsequent contract of insurance.

Name of Principal Signing this form:

Signature of Principal:

Date:
