



DESIGN & CONSTRUCT PROPOSAL FORM



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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:

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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:

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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:

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8) Current Professional Indemnity Policy

Insurer	Broker	Limit of Indemnity	Excess	Premium	Renewal Date

9) Breakdown of turnover/fees:

	Financial Year End:				Next Year
	20 ()	20 ()	20 ()	20 ()	
UK					
USA/Canada					
EU					
Elsewhere					
Total					

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10) Please provide a breakdown of the turnover/fees generated:

	Last full financial year		Current financial year	
	UK	Overseas	UK	Overseas
A) Turnover where You design and construct from Your own design				
B) Turnover where You construct from the designs of others performed on Your behalf				
C) Fees where You design and provide technical super-vision and project management services (i.e. No construction is undertaken by the firm)				
D) Turnover where You construct from designs provided by the employer (i.e. You have no design responsibility)				
E) Other Turnover (please provide brief details below)				
TOTAL:				

11) If You have declared no turnover in A,B,C,D or E above, have You ever undertaken such work in the past? If YES please provide detail below:

Yes

No

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12) Please provide a breakdown of activities and percentage of income generated from each discipline (must equal 100%) in the last complete financial year:

Heating/Ventilating/Air Conditioning Engineering	%
Electrical Engineering	%
Mechanical Engineering (not process engineering)	%
Structural Engineering	%
Civil Engineering	%
Soil Engineering	%
Marine Engineering	%
Environmental Engineering	%
Architectural	%
Project Management	%
Project Co-Ordination	%
Chemical/Process Engineering	%
Other (please provide full details below)	%
Total:	
	%

13) Please provide a breakdown of contract types and percentage of income generated from each (must equal 100%) in the last completed financial year:

Commercial Schemes	%
Retail Works	%
Industrial Works	%
Churches/Cathedrals	%
Private Sector Individual Houses	%
Private Sector Housing Schemes	%
Public Sector Housing (inc Housing Associations)	%
Public Sector Hospitals	%
Private Sector Hospitals	%
Public Sector Education	%
Private Sector Education	%
Other (please provide full details below)	%
Total:	
	%

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14) Have you at any time undertaken work in any of the following disciplines? If YES, please provide details below:			
Clean Rooms		Atomic/Nuclear Projects	
Amusement Rides		Railways	
Bridges/Tunnels/Mines		Water Schemes	
Chemical/Petro-Chemical/Oil Plants & Refineries		Bulk Handling Equipment	
Dams/Harbours/Jetties/Sea Defences		High Rise properties (over six storeys)	
Facade/Glazing Design		Cladding/Roofing	
Industrial Waste Treatment		Landfill Sites	
Marine Engineering		Offshore Installations	
Airports/Aircraft		Highways/Flyovers	

15) Do You anticipate professional activities/services provided will change over the forthcoming twelve months? If YES, please give full details below:	Yes		No	

16) Are You involved in the process of manufacturing, construction, alteration, repair, installation, sale or supply of products, other than in pure design or consultancy capacity? If YES, please give full details below:	Yes		No	

17) Do You engage the services of sub-contractors?	Yes		No	
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?	Yes		No	
If YES, please confirm the minimum limit You require them to maintain:				£

18) Please provide details of Your 5 largest contracts currently in hand.					
Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Est Completion Date
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	

19) What is the average single value of all contracts performed over the last 12 months?	£
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20) Have You at all times used written agreements for each contract undertaken which clearly outline the services to be provided, and You confirm all changes to the specifications or agreed deliverables in writing, explaining the cost changes and other implications?	Yes		No	
If You have answered NO please detail below what procedures are undertaken to ensure that any revised specifications/deliverables are agreed and understood by all parties.				

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21) Do You undertake any projects where construction is outside the United Kingdom? If YES, please provide details of 3 largest projects below:					Yes	No
Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract/Fee	Est Completion Date

22) Have You at any time entered into a contract that is subject to the law of countries other than the United Kingdom? If YES, please give full details below.					Yes	No
Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract/Fee	Est Completion Date

23(a) Have You ever entered into contracts on behalf of clients?		Yes	No
23(b) If YES is written sign off for the contract terms always obtained from Your client prior to doing so?		Yes	No

24) 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

25) 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:			

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26) Additional Information:

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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:

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Signature of Principle:

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Date:

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