



**Professional Indemnity Insurance Proposal Form
for Engineers**



Proposer Details

Name of insured Firm(s) (including predecessors)	<input type="text"/>
Principal Address line one	<input type="text"/>
Principal Address line two	<input type="text"/>
City and postcode	<input type="text"/>
Telephone number	<input type="text"/>
Website	<input type="text"/>
Date Firm Established	<input type="text"/>

Please provide details of any subsidiary companies which are to be included under this insurance:

Subsidiary/Trading Name	Country
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Is cover required for any Partner, Director or Principal for any former firm for which they were a Partner? Yes No

If 'Yes', please provide details on page 8.

Please give details of all Principals, Partners or Directors of the Firm(s):

Name	Relevant Qualifications	Date Qualified	No of years as a Principal / Director / Partner?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Does the Firm(s) have any branch offices? Yes No

If 'Yes' please provide details requested below

Location	Partner, Director or Principle Responsible
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Is the Partner, Directors or Principle responsible based in the branch office Yes No

If 'No', please provide full details about how the office is supervised

Please confirm the number of permanent members of staff in the business:

	This Year	Last Year
Partners, Directors, Principals		
Qualified Technical Staff		
Other Non-Qualified Technical Staff		
Administrative & all other staff		

Claims

Is any partner, director or principal, after full inquiry, aware of any claims ever having been made against the Firm(s) or their predecessors in business or any of the present or former partners, directors or principals?

Yes No

Is any partner, director or principal, after full inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Firm(s) or their predecessors in business or any of the present or former partners, directors or principals?

Yes No

If you have answered YES to either of the above questions, full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, if subsequently a claim should arise.

Professional Services

Please confirm your turnover for the last five complete financial years and estimate for the next financial year

Year Ending	UK	USA/Canada	Elsewhere	Total
___/___/20___				
___/___/20___				
___/___/20___				
___/___/20___				
Last completed year				
Estimate next year				

If any work has been declared overseas please provide full details about the projects on page 8 including the territory, applicable law & jurisdiction, contract values, client, fees and the start and end date?

Please provide an estimate of the % split of total annual fees for the last complete financial year from the following categories:

Civil Engineering	%	Project Management	%
Structural Engineering	%	Architectural	%
Mechanical Engineering	%	Adjudication / Arbitration	%
Electrical Engineering	%	Town Planning	%
Heating & Ventilation Engineering	%	Expert Witness	%
Chemical Engineering *	%	Feasibility	%
Soil Engineering *	%	Building Surveying	%
Nuclear Engineering *	%	Fees Paid to Sub-consultants	%
Project Co-ordination	%	Aborted Work	%
Other – please specify			%

For all work marked * please provide full details on page 8.

If the firm (s) uses independent sub-contractors please answer the following:

What services does the firm(s) use independent subcontractors for?

How does the firm(s) select and manage independent sub-contractors?

Please provide an estimate for the % split of total annual fees for the last complete financial year by the following project categories:

Individual Houses	%	Power Plants / Refineries & Petro Chemical *	%
Multiple Low Rise Houses (5 storeys plus)	%	Manufacturing Plants	%
High Rise Dwellings	%	Swimming pools	%
Modular Dwellings	%	Mechanical Plant/Bulk Handling Equipment	%
Office/Retail/Mixed Use	%	Industrial System Build	%
Highways	%	Hospitals & Nursing Homes	%
Bridges, Tunnels, Dams *	%	Schools & Universities	%
Railways/Airports – non safety/track or air side *	%	Hotels & Recreation excluding Swimming Pools	%
Sewerage/Water Schemes *	%	Commercial	%
Other – please specify			%

For all work marked with * please provide full details on page 8.

Is the business split provided above representative of the firm(s) business over the previous three years?

Yes

No

If 'No', please provide details

Do you anticipate any substantial changes in the % amounts provided in the above during the next 12 months?

Yes No

If 'Yes', please provide details

Has the firm(s) been a member of any consortium or joint venture arrangement that requires cover under this policy?

Yes No

If 'Yes', please provide details

Please confirm the total certified building values in the past 12 months?

Please provide details of the five largest projects where construction has commenced during the past six years:

Start Date	End Date	Description of Project (Including name of client, location, type of project, work stages and services provided)	Total Project Value	Firm(s) fee if a fixed price contract	Firm(s) fee as a % of contract value

Please provide details of the three largest projects where construction is due to commence in the forthcoming year:

Start Date	End Date	Description of Project (Including name of client, location, type of project, work stages and services provided)	Total Project Value	Firm(s) fee if a fixed price contract	Firm(s) fee as a % of contract value

Are all current projects running on time and within budget?

Yes No

If 'No', please provide full details

Are you aware of any outstanding fees which are 30 days over your usual terms of trade?

Yes No

If 'Yes', please provide full details

Risk Management

Does the firm(s) have regular principal meetings? Yes No

If 'Yes', do these involve reports on all current projects? Yes No

Does the firm(s) always use standard written contract conditions which clearly outline the scope of service? Yes No

If 'No'

What percentage of contracts are in a non-standard form? %

What is the procedure for the sign-off of non-standard contracts? Please outline:

Do the standard written contract conditions exclude liability for pollution or contamination? Yes No

Does the firm(s) ensure that all collateral warranties entered into are of a standard format (e.g. BPF standard format or JCT Standard Form of Agreement)? Yes No

If 'No', please confirm that the contractual provisions contain:

(i) No fitness for purpose or guarantee? Yes No

(ii) Contractual period is restricted to 12 years or less? Yes No

(iii) Standard of care restricted to reasonable skill and care? Yes No

Does the customer always sign the contract? Yes No

Does the firm(s) have standard procedures for regular review of ongoing contracts internally and with clients? Yes No

Does the firm(s) provide advice or services which fall outside the scope of the contract? Yes No

If 'Yes', does the firm(s) always amend the scope of service to reflect any change in project requirements? Yes No

Does the firm(s) have written risk management procedures which are regularly reviewed and circulated to all staff? If 'No', please provide full details of procedures on page 8. Yes No

Does the firm(s) operate any Quality Assurance Systems? Yes No

If 'Yes', please specify

Does the firm(s) offer and promote continuous training? Yes No

Does the firm(s) have systems in place for ensuring that critical dates/time limits are met? Yes No

If 'Yes', please advise details

Pollution and Asbestos

Has the firm ever undertaken or intend to undertake any of the following activities?

- (a) Environmental assessments/ monitoring Yes No
- (b) Survey or valuation of landfill sites Yes No
- (c) Survey or valuation of property known to be polluted prior to the survey Yes No
- (d) Design or supervision of remedial or clean up operations involving polluted or contaminated property Yes No
- (e) Management of property which is known to be polluted or contaminated Yes No
- (f) Any contract relating to waste disposal, treatment or management Yes No
- (g) Any work relating to air emission control systems Yes No
- (h) Any work relating to industrial piping or process systems Yes No
- (i) Any work relating to underground storage facilities Yes No
- (j) Any work relating to hazardous chemical substances Yes No
- (k) Any assessment, planning or reporting, or executed any plan of work as described in the Control of Asbestos at Work Regulations 2002 (CAWR) Yes No
- (l) Any advice, design or specification in relation to the manufacture, process, supply, use, removal or disposal of asbestos or any asbestos containing material Yes No
- (m) Assumed the responsibilities of "Duty Holder" as defined in the Control of Asbestos at Work Regulations 2002 (CAWR) Yes No

If the answer to any of a-m above is YES please complete a supplementary pollution and / or asbestos questionnaire

Previous coverage

Please give details of current Professional Indemnity Insurance.

Renewal Date	Insurer	Limit of Indemnity	Excess	Premium

Has any proposal for Professional Indemnity Insurance made on behalf of the Firm(s) or any predecessors in the business, or present partners/directors/principals ever been declined or has such insurance ever been cancelled, renewal refused or special terms imposed?

Yes No

If 'Yes', please advise reasons

Please specify the limit(s) of indemnity for which quotations are required

GBP	GBP	GBP
GBP	GBP	

Please specify the excess you would be prepared to carry

GBP	GBP	GBP
GBP	GBP	

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have been misstated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance

Signed

Title

Firm(s)

Date

Please use this space to disclose any further relevant information of if there is insufficient available to answer any of the questions fully, clearly identifying the question number in each case