
PROFESSIONAL INDEMNITY INSURANCE ENGINEERS

All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer(s) or the Insurer(s) to complete a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate question number).

This is a proposal form for a Policy relating to claims made against the Insured during the Policy Period.

1. GENERAL INFORMATION

(a) Name of Policyholder _____

(b) Address of Principal Office _____

(c) Date of establishment _____

(d) Website address _____

(e) Please list all additional business entities (whether or not currently trading, including year of establishment and year of cessation if applicable)

(f) Please list addresses of all other offices currently trading

(g) Is/are the firm(s) or any principal, partner or director a member of a consortium, joint venture, single project partnership or group practice? YES NO

If "YES", please supply details:

(h) Does the firm(s) or any principal, partner or director carry out any work on behalf of any other business in which they have a controlling or financial interest (other than as a shareholder in a public quoted company)? YES NO

If **“YES”**, please supply details:

2. STAFF AND PARTNERS

(a) Please give details of any Principal, Partners or Directors:

Name	Date of Birth	Relevant Qualifications	Year became Partner/Director

(b) Is cover required for the professional activities of any principal, partner or director prior to joining the business? YES NO

If **“YES”**, please supply details:

(c) Please give details of number of permanent staff in current business:

	Full Time	Part Time
Principal/Partners/Directors		
Professionally Qualified		
All Others		

3. PROFESSIONAL SERVICES

(a) Please state your total gross income for the last 5 years plus an estimate for the current and forthcoming year:

Year Ending	UK/EU/Australia	USA/Canada	Elsewhere	Total
/ /	€	€	4	€
/ /	€	€	€	€
/ /	€	€	€	€
/ /	€	€	€	€
/ /	€	€	€	€

Estimate for forthcoming year

/ /	€	€	€	€
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If any income is derived from any office domiciled overseas for which coverage is required, please complete the income breakdown in the **Tax Form** at the back of the proposal form.

(b) Please give the percentage split of total gross fees received in the last complete financial year:

Civil Engineering	_____ %
Structural Engineering	_____ %
Heating / Ventilation Engineering	_____ %
Electrical Engineering	_____ %
Mechanical Engineering	_____ %
Foundation/Underpinning	_____ %
Soil/Environmental	_____ %
Project Co-Ordination	_____ %
Project Management	_____ %
Expert Witness	_____ %
Feasibility	_____ %
Architectural	_____ %
Other	_____ %
Total	_____ %

Please supply details of "Other" work:

(c) Please give the percentage split of the firm's work carried out during the last complete financial year, applicable to the following:

Individual Dwellings	_____ %
Low Rise Multiple Dwellings	_____ %
High Rise Multiple Dwellings	_____ %
Modular Dwellings	_____ %
Office / Retail / Mixed Use	_____ %
Highways	_____ %
Bridges Tunnels & Dams	_____ %
Railways, Airports - Non Safety / Airside / Trackside related	_____ %
Harbours and Jetties - Non Structural	_____ %
Sewage / Water Schemes	_____ %
Power Plants	_____ %
Manufacturing Plants	_____ %
Refineries and Petro Chemical - non safety	_____ %
Mechanical Plant, Bulk Handling Equipment	_____ %
Industrial System Build	_____ %
Healthcare	_____ %
Education	_____ %
Hotels & Recreation	_____ %
Leisure excluding Swimming Pools	_____ %
Landscape excluding Sports / Golf Course design	_____ %
Ecclesiastical / Theatres	_____ %
All Others	_____ %

Total _____ %

Please supply details of "Other" work:

(d) Please give details of the 5 largest contracts where construction has commenced during the past 6 years:

Name of Client	Total Contract Value	Your Fee	Level of Service	Date Commenced	Completion Date

(e) Please give details of the three largest projects where construction is likely to commence in the coming 12 months:

Name of Client	Total Contract Value	Your Fee	Level of Service	Completion Date

(f) What percentage of your income is derived from:

(i) aborted work? _____ %

(ii) PFI, BSF, LIFT or other Public / Private financing initiative's? _____ %

(g) Do you use independent specialist consultants? YES NO

If "YES", please supply details:

(h) Do you require them to carry a minimum level of Professional Liability cover?

YES NO

If “YES”, please supply details:

(i) Do you envisage any material change in your activities in the forthcoming 12 months?

YES NO

If “YES”, please supply details:

4. CLAIMS INFORMATION

(a) Has the firm(s) sustained any loss through the fraud or dishonesty of any person? YES NO

If “YES”, please supply details:

(b) Is the firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or principal or employee? YES NO

If “YES”, please supply details:

(c) After enquiry, have any Professional Liability claims ever been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners, directors or

principal, either individually or otherwise for any negligence, errors, omission, breach of professional duty or the like, whether successful or not? YES NO

If “YES”, please supply details:

Date of Claim	Claimant	Details of Claim including any payments made or reserves held

(d) After enquiry, are any of the partners, directors or principal aware of any pending claims and/or circumstances existing which may give rise to a Professional Liability claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partners/directors/principal? YES NO

If “YES”, please supply details:

Date of Circumstance	Claimant	Details of Circumstance

5. PREVIOUS INSURANCE

(a) Has the firm(s) previously been insured for Professional Liability insurance?

YES NO

If “YES”, please supply details:

Renewal Date	Limit of Liability	Premium	Excess	Insurer
/ /	€	€	€	
/ /	€	€	€	
/ /	€	€	€	

(b) In respect of Professional Liability insurance, has any Insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions?
YES NO

If “YES”, please supply details:

DECLARATION

Please read carefully the following statement prior to signing where indicated.

The completion of this proposal form does not bind the firm(s) or Insurer(s) to effect a Contract of Insurance, but if a policy is issued, this proposal form, together with any other information supplied prior to inception shall form the basis of any Contract of Insurance effected thereon.

I/We declare that the statements and particulars in this proposal form are true and that no material facts have been mis-stated or suppressed after enquiry. I/We agree that this proposal form, together with any other information supplied shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform the Insurer(s) of any material alteration to those facts occurring before the completion of the Contract of Insurance.

Signature of
Partner / Director / Principal

Name:

Date:

Policyholder:

	%
	%
	%
	%
	%

Signed _____

Date _____