

Architects & Related Professions Proposal Form

1.a Company Name / Title of Insured

1.b Principle Address
 Post Code

1.c Telephone Number
 Facsimile Number
 Email Address

2 Date Company Established / /
 Date Financial Year End / /

3 If cover is required for an Associated or Subsidiary Company please provide details (Name & Address)
 Post Code

4.a Please give details of Partners or Directors or Principals

Names	Age	Qualifications	Date Qualified	How long a Partner in this practice
			/ /	
			/ /	
			/ /	
			/ /	

4.b Please state total number of

- | | |
|------------------------------|----------------------------|
| i) Directors () | iv) Support Personnel () |
| ii) Managers () | v) Sales and Marketing () |
| iii) Technical Personnel () | |

4.c If the Proposer has more than one office is there a Senior Partner / Director at each to oversee operations?

YES NO

If NO please give details of procedures in place to ensure efficient running of the other offices and quality procedures in place

5.a If cover is required for any Consultants and or Sub-Contractors please give details

Names	Age	Qualifications	Date Qualified
			/ /
			/ /
			/ /

5.b Please give details of the type of work that you ask the Consultants and or Sub-Contractors to undertake

5.c Please state fees generated from Consultants and or Sub-Contractors £

5.d Do all Consultants and or Sub-Contractors carry their own Professional Indemnity?

YES NO

If NO please give details of procedures in place to ensure quality control of this work

6.a If cover is required for a Predecessor Firm(s) please give the Name of the Firm(s) and description of its' activities

6.b If cover is required for any Partner or Director who has left, retired or died please give details

Names	Age	Qualifications	Date Qualified	How long a partner in this practice
			/ /	
			/ /	
			/ /	

6.c If cover is required for the liability of any Partner or Director arising out of advice given or services performed prior to joining the firm please give details

Names	Age	Qualifications	Years Experience	Occupation of Previous Firm	Date Ceased as a Partner or Director
					/ /
					/ /
					/ /

6.d If such Partner or Director or Firm for whom they worked had any claims or circumstances of which underwriters should be made aware please give full details

6.e If any Partner or Director has been involved with a Company or Firm that has ceased trading for whatsoever reason or been made personally bankrupt or otherwise legally affected please give full details

7 Does the Company or Firm or any Partner or Director act on behalf of or undertake work for any Company, Firm or Organisation in which the Company or Firm or any Partner or Director has a financial interest (other than as a shareholder / stockholder in a publicly quoted company)?

YES NO

If YES please give details

8 Is the Company or Firm or any Partner or Director a member of any Professional Organisation?

YES NO

If YES please give details and confirm that all work is carried out in accordance with the Professional Organisation guidelines and that there have been no circumstances whereby a disciplinary action has been taken

9 Are you a Sole Practitioner?

YES NO

If YES

i) Is this a part time occupation?

YES NO

If YES give details of your full time occupation

ii) What arrangements have you made to run the Firm in the event of sickness or holidays?

10.a Have any major changes in the Proposers activities / structure taken place in the past twelve months?

YES NO

If YES please give full details

10.b Are any major changes in the Proposers activities / structure / fee growth expected in the next twelve months?

YES NO

If YES please give details

10.c Is cover required for any previous activity, now ceased, which is different from that declared within this proposal form?

YES NO

If YES please give details

11 Is the Proposer currently insured or been insured previously for Professional Indemnity?

YES NO

If YES please state

i) Name of Insurer

ii) Indemnity Limit (State whether Aggregate or Any One Claim)

£

iii) Excess £ iv) Date cover expires / /

v) Number of years Insured

12 Have any claims for professional negligence, error or omission (successful or otherwise) been made against the Company or Firm or its present or past Partners or Directors during the past ten years?

YES NO

If YES give full details including amounts

13 What measures have been taken to avoid a similar situation occurring?

14 Are any of the Partners or Directors or Employees, AFTER ENQUIRY, aware of any CIRCUMSTANCES which may give rise to a claim against this Company or Firm or their predecessors in business or any of the present or former Partners or Directors or Employees or aware of any shortcoming in your work for a client which is likely to lead to a claim against you?

YES NO

If YES give full details

15.a Does Proposer always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods ?

YES NO

If NO give full details

15.b Has Proposer suffered any loss during the past five years through fraud or dishonesty of any employee?

YES NO

If YES state date, circumstances, amount and steps taken to prevent recurrence

15.c Is any Partner or Director allowed to sign cheques without another signature? YES NO

If YES what limit £

15.d Is cash in hand and petty cash checked independently of the employees responsible?

i) At least monthly? YES NO

ii) Additionally, without warning, at least every six months? YES NO

15.e Are bank statements, receipts, counterfoils and supporting documents checked at least monthly against the cash book entries independently of the employees making cash book entries or paying into the bank?

YES NO

15.f Are employees receiving cash and cheques in the course of their duties required to pay in daily?

YES NO

16 Has any Insurer ever:

i) Declined proposal or renewal for this Company or Firm or any Partner or Director?

YES NO

ii) Required an increased premium or imposed special terms? YES NO

iii) Cancelled an Insurance? YES NO

If any answer is YES please give full details

17.a What is the limit of indemnity required?

£100,000 £250,000 £500,000 £1,000,000 Other £

17.b What is the amount of excess which your Company or Firm would be prepared to carry?

£500 £1,000 £2,500 Other £

It is likely that underwriters may impose a compulsory excess

Section 2

WLD Form1

1.a Please advise fee income for each of the last four financial years and an estimate of the forthcoming year

Date	/ /	/ /	/ /	/ /	/ /
Work carried out for UK clients	£	£	£	£	£
Work carried out for USA/Canadian clients not subject to USA/Canadian law	£	£	£	£	£
Work carried out for USA/Canadian clients subject to USA/Canadian law	£	£	£	£	£
Work carried out for clients elsewhere in the world	£	£	£	£	£
Total Fee Income	£	£	£	£	£

1.b Please state largest total fees from any one client or group during these years

£	£	£	£	£
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1.c Please state largest and total construction values during these years

Largest Construction Value	£	£	£	£	£
Total Construction Value	£	£	£	£	£

1.d And give a brief description of type of work undertaken

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2.a Gross fees received in the past financial year (if practice is newly established state estimated fees for the forthcoming year)

	UK	USA or Canada	Elsewhere excluding USA or Canada
Architectural Work	£	£	£
Town Planning	£	£	£
Feasibility Studies	£	£	£
Landscape / Garden Architecture	£	£	£
Quantity Surveying	£	£	£
Structural Surveys /	Inspection Reports /	Valuations /	
a. Commercial	£	£	£
b. Residential	£	£	£
Building Surveying	£	£	£
Interior Design	£	£	£
Interior Design (Non Structural)	£	£	£
CDM	£	£	£
Expert Witness / Other	£	£	£

2.b If Other please give details

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2.c Please indicate the approximate percentage of the total fees derived from the following contract areas

Bridges and or Tunnels	%
Dams and or Mines	%
Harbours, Jetties and or Off Shore Installations	%
Airports	%
Chemical, Petro-Chemical and Refineries	%
Foundations and Underpinning	%
Shopping Complexes	%
Leisure, Sports or Amusement Amenities	%
School, Hospitals, Municipal Buildings	%
Industrialised Systems Building	%
Sewerage Schemes	%
Water Schemes	%
Roads, Highways or Motorways	%
Individual PDH	%
Multiple Single Units (Housing Estates)	%
Housing Schemes (2 – 3 Floors)	%
Buildings of More than 3 Storeys	%
Any Nuclear Related Projects	%

Please give details of Inspection of Construction

Proportion of work where Proposer both designs and inspects the actual construction	%
Proportion of work where Proposer provides technical inspection of construction from the designs of other Firms	%
Proportion of work where Proposer acts as Project or Contract Manager in addition to design and inspection	%
Proportion of work where Proposer acts solely as Project or Contract Manager	%

3 Please give details of any work not declared in Q2 but undertaken in the last five years

4 Has the Company or Firm ever-engaged in contracts involving prototype construction methods and / or materials?

YES NO

If YES please give full details

5 Have you or the Firm ever acted as a Project Co-ordinator or Project Manager? (see definition at end)

YES NO

If YES please state which and give brief details of project

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6 State the three largest contracts where construction has

	Starting date and Approximate Completion Date	Description of contract and location (Hotel, Factory etc.)	Total contract value	Company or Firm Contract value	State Professional Services provided
1. Commenced during the past	/ / / /		£	£	
2. Five years or is expected to	/ / / /		£	£	
3. Commence in the forthcoming future	/ / / /		£	£	

7 Have you or the Firm entered into any Contracts under Seal or signed any Collateral Warranties?

YES NO

If YES please give details and advise to whom and for how long

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8 Does the Company or Firm of any Company or Firm Mentioned in Question 11 and/or 12 undertake any contract that involves:

- i) Manufacture, construction, erection or installation YES NO
- ii) Supply of materials, plants, goods or equipment YES NO

If YES to either of the above please give full details

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9.a Structural Surveys Reports and Valuations – Please supply number undertaken in the past year of

Type	Residential	Commercial	Fees Earned
Structural surveys			£
Partial			£
Building society/lending institution reports			£
Major structural survey reports			£
Other			£

If Other please give full details

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9.b Structural Survey Reports and Valuations-Please specify the amount of the largest valuation in the last five years for

	Commercial	Residential
Single property - UK	£	£
- Elsewhere	£	£
Portfolio - UK	£	£
- Elsewhere	£	£

10 Is the Individual, Firm or any Partner, Principal or Director a member of a Consortium or Joint Venture?

YES NO

If YES please give details of

Name of Consortium or Joint Venture

Type of services being provided to the Consortium or Joint Venture

Annual income / fees for relevant contract(s)

11 Has the Company or Firm ever been involved with a project that has been aborted or other wise abandoned prior to the completion or attachment date?

YES NO

If YES please give full details

12.a Who in the Company or Firm is responsible for Quality Procedures?

12.b What internal procedures does the Company or Firm have in force in relation to Quality Procedures and Matters

12.c How often are working procedures reviewed to ensure their continuing suitability and what form does this review take

13.a Please provide details of the procedures in place for confirming client instructions

13.b What records are kept of

i) The original contract and subsequent amendments

ii) On site visits

iii) Telephone conversations involving instructions and / or the provision of advice

Project Co-ordination* is the term used in similar cases but where the insured's principle makes the appointment whether on the insured's recommendation or not. **Project Management*** is the term used where the insured is responsible for appointing other professionals &/or other necessary to the Project.

This page forms your declaration to underwriters and can also be used to provide any additional information that you might want to provide pertinent to your Firm that may assist underwriters in their decision making process.

In all cases underwriters will require you to sign and date this form. If you present this proposal form to us electronically (by email) you will eventually be required to sign and date this form.

I/We declare that the statements and particulars in this proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform insurers of any material alteration to these facts occurring before completion of the Contract of Insurance. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Sennet Professional Indemnity Limited' to seek terms on my/our behalf from Insurers including current Insurer's if any.

Signed:

Date:

(this must be signed by a Partner, Director or equivalent ranking employee)

All information provided to us and then to underwriters is governed by the DATA PROTECTION ACT 1998. Sennet Professional Indemnity Limited and Underwriters act strictly in accordance with the Act its principals and tenets and any subsequent amendments thereto.