

## Design and Consultancy for Contractors 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



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**

**D&C**

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

Date	/ /	/ /	/ /	/ /	/ /
Work carried out for clients UK	£	£	£	£	£
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 give details of the split of your turnover

	Current Financial Year		Coming Financial Year	
	Home	Overseas	Home	Overseas
Turnover where Firm Designs and Constructs, from their own Design and provides full Technical Supervision.	£	£	£	£
Turnover of those Departments where Firm provides Design and Technical Services, where no Construction is involved by	£	£	£	£
Turnover where Firm Constructs from Others' Design and Others' Technical Supervision performed on behalf of the Firm.	£	£	£	£
Turnover where Firm Constructs from Others' Designs and performed on behalf of the Firm.	£	£	£	£
Other Turnover not mentioned above, please give brief details.	£	£	£	£
Total Turnover for whole group.	£	£	£	£

2.a Please indicate which of the following services are performed by the practice, showing the percentage of gross fees received during the past year

Architecture or Landscape Architecture	%
Chemical Engineering	%
Civil Engineering	%
Electrical & Electronic Engineering	%
Heating & Ventilation	%
Interior Design Non Structural	%
Interior Design Structural	%
Marine Engineering	%
Mechanical Engineering	%
Mining Engineering	%
Soil Engineering	%
Structural Engineering	%
Nuclear Engineering	%
Surveying – a) Land	%
b) Quantity	%
c) Building	%
Other	%

If Other please give full details

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

Area of Work	Design Only	Design & Construct
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Engineering Construction

Dams and or Mines	%	%
Harbours, Jetties and or Sea Defences	%	%
Airports and or Railways	%	%
Roads, Highways or Motorways	%	%
Water Schemes & Sewerage Schemes	%	%
Foundations and Underpinning	%	%
Bridges and or Tunnels	%	%
Other	%	%

Industrial Engineering

Bulk Handling Equipment & Silos etc	%	%
Mechanical Plant & Processing	%	%
Chemical, Petro-Chemical and Refineries	%	%
Power Plants	%	%
Other	%	%

Commercial Building

Industrialised Systems Building	%	%
Low Rise Office Developments and or Retail Developments	%	%
High Rise (over 5 storeys) Office and or Retail Developments	%	%
Other	%	%

Industrial Building

Small Industrial Units	%	%
Large Industrial Units	%	%
Whole Factory Site Developments	%	%
Other	%	%

Amenities

Shopping Complexes	%	%
Leisure, Sports or Amusement Amenities	%	%
Schools, Hospitals, Nursing Homes	%	%
Hotels & Recreation Centres	%	%
Government & Municipal Buildings	%	%
Other	%	%

Home building

Individual PDH	%	%
Multiple Single Units (Housing Estates)	%	%
Housing Schemes (2 – 3 Floors)	%	%
Buildings of More than 3 Storeys	%	%
Other	%	%

New

Amusement Rides and Lifting Equipment	%	%
Air-conditioning for 'Clean Rooms'	%	%
Computer and or New Technology Wiring Looms	%	%
Any Nuclear Related Projects	%	%
Other	%	%

Advisory

Feasibility Studies	%	%
Expert Witness	%	%
Soil Testing and Site Investigation	%	%
Design of Fire Protection and or Security Systems	%	%
Other	%	%

Where you have indicate Other in any of the above section questions please give full details

2.c Do you engage in the manufacture or fabrication of any pre-engineered unit?

YES  NO

If YES please give full details

2.d 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

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

YES  NO

If YES please give full details

4.a Please give details of the three largest contracts expected to be undertaken in the next twelve months

Starting and Completion dates	Total contract value	Fee	Type of Contract	Professional Services Provided
/ /	£	£		
/ /	£	£		
/ /	£	£		



4.b Please give details of the three largest contracts undertaken in the past

Starting and Completion dates		Total contract value	Fee	Type of Contract	Professional Services Provided
/ /	/ /	£	£		
/ /	/ /	£	£		
/ /	/ /	£	£		

4.c Does any one contract or client represent more than 50% of your annual work?

YES  NO

If YES please give full details and fee income from this source

5 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)

£

6 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

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

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

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

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

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

9.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.