

**PROFESSIONAL INDEMNITY INSURANCE**  
**PROPOSAL FORM**  
**ARCHITECTS AND CONSULTING ENGINEERS**  
**PROJECT COVER**

<b>I. General data</b>				
Name of firm.				
Address of head office.				
Address of branch office(s) and name(s) of resident partner(s).				
When was the firm established?				
Details of all practicing principals or partners.				
Names		Qualifications, dates qualified/total duration of professional experience	Position held in company and how long	

<p>Total number of principals, partners and staff</p> <p>Technical:     - Principals, partners or officers.</p> <p style="padding-left: 40px;">Other qualified engineers.</p> <p style="padding-left: 40px;">Qualified architects.</p> <p style="padding-left: 40px;">Surveyors.</p> <p style="padding-left: 40px;">Draughts men.</p> <p style="padding-left: 40px;">Other qualified staff (please specify).</p> <p style="padding-left: 40px;">Trainee staff (please specify).</p> <p style="padding-left: 40px;">Total non-technical/administration staff</p>	<p>Numbers</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
<p>Do you give work to independent firms (subcontractors) and/or specialists?</p> <p>If so, please state kind of work and percentage of fees.</p> <p>(The professional liability of such independent firms is not covered under the proposed policy.)</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">yes</td> <td style="width: 50%; text-align: center;">no</td> </tr> <tr> <td></td> <td style="text-align: center;">%</td> </tr> </table>	yes	no		%
yes	no				
	%				
<p>Are you financially connected with the principal of the project and/or with contractor(s)?</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">yes</td> <td style="width: 50%; text-align: center;">no</td> </tr> <tr> <td></td> <td style="text-align: center;">%</td> </tr> </table>	yes	no		%
yes	no				
	%				
<p><b>II Nature of your activities</b></p> <p>In which of the following professions is your firm engaged?</p> <p>Civil engineering</p> <p>Structural engineering</p> <p>Mechanical engineering</p> <p>Electrical engineering</p> <p>Heating and ventilating engineering</p> <p>Chemical engineering</p> <p>Soil engineering</p> <p>Others, not shown please specify</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

In what type of projects is your firm specialized? Please specify.	
List some of the largest and typical jobs performed by your firm during the last five years (brief description including values and fees).	
<b>III. General questions regarding the project</b>	
Principal	
Main contractor/consortium	
Nature and purpose of project	
Location of project (place, country)	
Total contract value How much of total sum refers to building structure?	
Your fees	
<b>IV. Nature of your work/responsibility/period</b>	
Nature of your work (detailed description including special techniques and hazardous factors)	
Your responsibility (e.g. design and/or supervision)	
Commencement and duration of your work	
Commencement and duration of construction work	
Probable date of handing over	
Period of your liability / statutory limitation	

<b>V. Technical details</b> Soil conditions			
Ground-water conditions			
Nature of foundations			
<b>VI. Surrounding property</b>  Please give description of the neighborhood of the site (details of existing buildings or surrounding property possibly affected by contract works such as excavation, underpinning, piling, vibration or ground-water lowering).			
<b>VII. Insurance/claims experience</b>  1. Are you protected by an annual professional indemnity insurance policy?  If so, please advise insurance company  limit of indemnity	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">yes</td> <td style="width: 50%; text-align: center;">no</td> </tr> </table>	yes	no
yes	no		
2. Number and amount of claims during last 5 years			
<b>VII. Indemnity required</b>  limit any one accident			
Limit in the annual aggregate			
Deductible each and every claim to be borne by insured			

<b>IX. Scope of coverage</b>			
Design only	Yes	no	
Supervision only	yes	no	
Design and supervision	yes	no	
Loss of documents	yes	no	
Limit	_____		
Dishonesty of employees	yes	no	
If so, please answer the following questions:			
- Has the firm sustained any loss through the fraud or dishonesty of any employee?	yes	no	
- Is any employee allowed to sign cheques without countersignature by a partner? If so, up to what amount?	yes	no	
Libel and slander	yes	no	

**I/We** declared that the statements and particulars in this proposal are true and that **I/we** have not misstated 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.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_

For and on behalf of \_\_\_\_\_  
(insert name of firm)

Signature of partner or principal \_\_\_\_\_

Please attach a brochure concerning your firm.