

## Professional Indemnity Insurance - Proposal Form

### Architects and Civil Engineers Annual Cover

|  |                   |
|--|-------------------|
| <b>I. General Data</b>   |                   |
| 1. Name of proposer in full  |                   |
| 2. Address of Head Office  |                   |
| 3. Address of branch office(s) and name(s) of resident partner(s)  |                   |
| 4. In which countries do you carry out projects?   |                   |
| 5. When was the firm established?  |                   |
| 6. During the past five years, has the name of the firm been changed or has any other firm purchased or any merger or consolidation taken place? If so, please give details. | Yes ( )<br>No ( ) |

7. Details of all practicing principals or partners:

| Names | Qualifications, dates qualified/total duration of professional experience | Position held in company and how long |
|-------|---|---------------------------------------|
|       |   |                                       |
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| 8. Total number of principals, partners and staff  | Number            |
| Technical:   |                   |
| - Principals, partners or officers   | _____             |
| - Other qualified engineers  | _____             |
| - Surveyors  | _____             |
| - Qualified architects   | _____             |
| - Draughtsman  | _____             |
| - Other qualified staff<br>(please specify)  | _____             |
| - Trainee Staff  | _____             |
| Total non-technical/administration staff   | _____             |
| 9. Do you give work to independent firms, subcontractors and/or specialists?                     | Yes ( )<br>No ( ) |
| If so, please state kind of work and percentage of fees.   | _____ %           |
| (The professional liability of such independent firms is not covered under the proposed policy.) |                   |
| 10. Are you financially connected with a client?   | Yes ( )<br>No ( ) |
| Name of client   |                   |
| 11. Is a major part of the work carried out for only one client?                                 | Yes ( )<br>No ( ) |
| <b>II. Nature and volume of your present and foreseeable future activities</b>                   |                   |
| 1. In which of the following professions is your firm engaged?                                   |                   |
| a) Civil engineering   | ( )               |
| b) Architects  | ( )               |

|   |       |   |
|---|-------|---|
| 2. Division of the firm's activities  |       |   |
| a) Feasibility studies, reports, surveys, etc.<br>Please specify projects.            | _____ | % |
| b) Bridges and/or tunnels and roads   | ----- | % |
| c) Dams, rivers and ports/harbours, jetties   | _____ | % |
| d) Mines, underground or subaqueous works   | _____ | % |
| e) Airports   | _____ | % |
| f) Sewerage schemes, water supply   | _____ | % |
| g) Foundations and underpinning railway and subway                                    | _____ | % |
| h) Water schemes, agricultural engineering  | _____ | % |
| i) Nuclear or atomic projects   | _____ | % |
| j) Chemical, petrochemical plants   | _____ | % |
| k) Housing schemes  | _____ | % |
| l) High-rise buildings  | _____ | % |
| m) Schools, hospitals, municipal buildings  | _____ | % |
| n) Industrialized system buildings  | _____ | % |
| o) Mechanical plant and bulk handling equipment<br>(including silos, etc.)            | _____ | % |
| p) Other works including any specialist activities not shown<br>above (specify which) | _____ | % |
|   | _____ | % |
| 3. Responsibilities   |       |   |
| a) Design only  | _____ | % |
| b) Supervision only   | _____ | % |
| c) Design and Supervision   | _____ | % |
| d) Project management (turn-key contract)<br>(see also III/3)                         | _____ | % |

#### 4. Construction Values and Fees

|                        | Past Financial Year | Current Financial Year | Estimate coming Financial Year |
|------------------------|---------------------|------------------------|--------------------------------|
| a) Construction Values |                     |                        |                                |
| b) Gross Fees Received |                     |                        |                                |

|  |   |
|--|---|
| <p>5. List some of the largest and typical projects performed by your firm during the last five years (brief description including values and fees).</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>  |   |
| <p>III. Further Activities</p> <p>1. Do you also concern yourself with the sale and administration of real estate?</p>   | <p>Yes No</p>                             |
| <p>2. Do you construct and sell houses and/or flats for your own account?</p>  | <p>Yes No</p>                             |
| <p>3. Do you act as a project manager or main contractor?</p>  | <p>Yes No</p>                             |
| <p>4. Are you an agent for goods used for construction or do you obtain commission from the sale or distribution of such goods?</p> <p>What kind of goods?</p>   | <p>Yes No</p>                             |
| <p>5. Are you connected with firms constructing houses and flats or auxiliary firms to the building industry or with other firms as a</p> <ul style="list-style-type: none"> <li>- member of the board?</li> <li>- partner?</li> <li>- shareholder (more than 3%)</li> </ul> <p>Name of firms and activities</p> | <p>Yes No</p> <p>Yes No</p> <p>Yes No</p> |

|  |               |                    |     |    |
|--|---------------|--------------------|-----|----|
| 6. Do your activities include giving expert opinions?  |               |                    | Yes | No |
| Also for municipal and state authorities ?   |               |                    | Yes | No |
| <b>IV. Previous insurance/previous claims</b>  |               |                    |     |    |
| 1. Have you previously been insured?   |               |                    | Yes | No |
| If so, please specify:   |               |                    |     |    |
| Name of Insurer  | Policy Period | Limit of Indemnity |     |    |
| 1  |               |                    |     |    |
| 2  |               |                    |     |    |
| 3  |               |                    |     |    |
| 4  |               |                    |     |    |
| 5  |               |                    |     |    |
| 2. Has a previous application been declined?   |               |                    | Yes | No |
| Has a previous insurance a) required increased premium?  |               |                    | Yes | No |
| b) required special restrictions?  |               |                    | Yes | No |
| c) been terminated/not been renewed by an insurer?   |               |                    | Yes | No |
| If so, please give detailed information.   |               |                    |     |    |
| 3. Have any claims been made during the past five years against your firm? If so, please advise amount and background of each claim. |               |                    | Yes | No |
| 4. Is your firm aware of any circumstances or incidents which may result in a claim against your firm? If so, please give details.   |               |                    | Yes | No |
| <b>V. Indemnity required</b>   |               |                    |     |    |
| 1. Limit any one claim   |               |                    |     |    |
| 2. Aggregate Limit   |               |                    |     |    |

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|--|------------------|
|  |                  |
| 3. Deductible each and every claim to be borne by insured  |                  |
| <b>VI. Endorsements to basic cover</b>   |                  |
| 1. Extended Claims Reporting Period  |                  |
| 2. Loss of Documents<br><br>If so, up to what amount?  |                  |
| 3. Incoming/Outgoing Partners<br><br>a) Incoming partners<br>b) Outgoing partners<br><br>If this extension is required, please advise names of the partners and incoming/outgoing dates. | Yes No<br>Yes No |

I/We declare 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 \_\_\_\_\_ 20\_\_

For and on behalf of \_\_\_\_\_  
( Name of Firm)

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

Please attach a brochure concerning your firm.