Walaa Cooperative Insurance Co.



Professional Indemnity Insurance - Proposal Form

Architects and Civil Engineers Project Cover

I. General Data			
1. Name of proposer in for			
2. Address of Head Office			
2. Address of Head Office			
3. Address of branch office	ce(s) and name(s) of resident part	ner(s)	
4. When was the firm estab	lichod?		
4. When was the min estat	onsned:		
5 Dataila of all practicing	nninginals or portners		
5. Details of all practicing	principals or partners:		
Names	Qualifications, dates	Position held in c	ompany
	qualified/total duration	and how long	
	of professional	_	
	experience		
6 Total nymhar of anima	inals northers and doff		Number
6. Total number of princ	ipals, partners and staff		Number
_			Number
Technical: - Pr	incipals, partners or officers		Number
Technical: - Pr - Ot - Su	incipals, partners or officers her qualified engineers rveyors		Number
Technical: - Pr - Ot - Su - Qu	incipals, partners or officers her qualified engineers		Number

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- Other qualified staff	
1	
(please specify)	
- Trainee Staff	
Total non-technical/administration staff	
7. Do you give work to independent firms, subcontractors and/or	Yes ()
specialists?	No ()
specialists.	
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.)	V (
8. Are you financially connected with the principal of the project and/or	Yes ()
contractors?	No ()
II. Nature of your activities	
1. In which of the following professions is your firm engaged?	
a) Civil engineering	()
b) Architects	()
	()
2. In what type of projects is your firm specialized?	
Please specify	
1 7	
3. List some of the largest and typical projects performed by your	
firm during the last five years (brief description including values	
and fees).	
and ices).	



III. General questions regarding the project	
1. Principal	
2. Main Contractor / Consortium	
3. Nature and purpose of project	
4. Location of project (place, country)	
5. Total Contract Value	
How much of sum refers to building structure?	
6. Your fees	
IV. Nature of your work/responsibility/period	
Nature of your work (detailed description including special technique and hazardous factors)	
(detailed description including special technique and hazardous factors)	
2. Your responsibility (e.g. design and / or supervision)	
3. Commencement and duration of your work	
4. Commencement and duration of the construction works	
5. Probable date of handing over	
V. Technical details.	
1. Soil conditions	
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	2. Ground water conditions		
	3. Nature of foundations		
VI.	Surrounding property		
	Please give description of the neighbourhood 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).		
VII.	Insurance / claims experience		
	 Are you protected by an annual professional indemnity insurance policy? If so, please advise: a). Insurance Company b). Limit of Indemnity 	Yes	No
	2. Number and amount of claims during last 5 years.		
VIII.	Indemnity required.		
	 Limit any one claim Aggregate Limit Deductible each and every claim to be borne by insured. 		



 IX. Scope of coverage 1. Design only 2. Supervision only 3. Design and supervision 	Yes Yes Yes	No No No
 X. Endorsement to basic cover 1. Extended Claims Reporting Period 2. Loss of Documents, If so, up to what amount? 	Yes Yes	No 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	200	
For and on behalf		name of firm)	
Signature of partn	er or principal		
Please attach a bro	ochure concerning your firm	n.	