

PROFESSIONAL INDEMNITY

PROPOSAL FORM

developers

**PLEASE READ THE FOLLOWING BEFORE**

**COMPLETING THIS PROPOSAL FORM:**

**TO PRESENT A CLEAR AND UNAMBIGUOUS PICTURE AND TO ENSURE THAT UNDERWRITERS UNDERSTAND THE NATURE OF YOUR RISK:**

- \* ALL QUESTIONS SHOULD BE COMPLETED IN INK.**
  
- \* WHERE A QUESTION IS NOT APPLICABLE TO YOUR PARTICULAR CIRCUMSTANCES, PLEASE WRITE 'N/A'.**
  
- \* PLEASE TICK THE YES OR NO BOXES.**
  
- \* IF THERE IS INSUFFICIENT SPACE TO ANSWER QUESTIONS PLEASE USE AN ADDITIONAL SHEET AND ATTACH IT TO THIS PROPOSAL FORM.**
  
- \* COMPLETING AND SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR INSURERS TO COMPLETE THIS INSURANCE.**
  
- \* IF THIS PROPOSAL RELATES TO A NEW BUSINESS OR VENTURE, PLEASE COMPLETE THE QUESTIONS AS FAR AS POSSIBLE, GIVING ESTIMATED OR ANTICIPATED INFORMATION.**

**PROFESSIONAL INDEMNITY INSURANCE**

**A Partner, Principal or Director of the Firm/Company must complete the proposal form in ink. All questions must be answered to enable a quotation to be given. The completion and signature of this proposal form does not bind the Proposer or Insurers to complete a contract of insurance.**

If there is insufficient space to answer any question, please continue on your headed notepaper and attach it to this form.

Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

**PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS TO ASSIST THE UNDERWRITERS' CONSIDERATION OF THE PROPOSAL.**

1a) Name of Firm(s) (including any subsidiary requiring cover):

b) Date established:

c) Address(es) (specifying who is responsible, if there is more than one location):

d) Website: \_\_\_\_\_ e-mail address: \_\_\_\_\_

e) Name(s) of any previous Firm(s) requiring cover and the date(s) on which they ceased trading:

2a) Name of Individual, Partner, Principal or Director	Age and Qualifications	Date Qualified	Number of years Practical Experience
<b>PLEASE ATTACH DETAILED C.V.'S, IF NO RELEVANT QUALIFICATIONS</b>			

b) Name of all Senior Staff	Age and Qualifications	Date Qualified	Number of Years Practical Experience
c) If less than 5 years experience, please give details of previous work			

3a) Is any Individual or the Firm admitted to any Association or Trade Body? If yes, please give details.	<b>YES/NO</b>
b) Has any person been the subject of disciplinary proceedings by any professional body? If yes, please give details.	<b>YES/NO</b>

4 Please state the total number of Partners, Principals or Directors:	
Qualified Staff:	
Other Technical Staff (excluding Administrative):	
Administrative and all other Staff:	

5a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months? **YES/NO**  
 If yes, please give details.

b) Is cover required for any activity, now ceased, which is different from those, declared within this proposal form? **YES/NO**  
 If yes, please give details.

6. Please list by activity the approximate percentage of work carried out in each instance, by or for you:  
**EVEN IF THIS IS BY THIRD PARTY PROFESSIONALS (UNDERTAKEN ON YOUR BEHALF)**

Feasibility/Overall Planning	%	Interior Design or Non-Structural Refurbishment	%
Arranging Finance	%	Principal Designer or Project Supervisor, responsible for Health & Safety	%
Project Management	%	Electrical Engineering	%
Project Co-ordination	%	Landscape Architecture	%
Civil Engineering	%	H.V.A.C. Engineering	%
Soil Engineering	%	Non-Structural Space Planning	%
Structural Engineering	%	Surveying (Land, Quantity, Building)	%
Piling (explain more fully, on a separate sheet, if necessary)	%	Fabrication	%
Mechanical Engineering	%	Cladding/Glazing	%
Refrigeration Engineering	%	Other (please specify)	%
Insulation Engineering	%		
Architecture	%		

**IF INVOLVED IN CDM OR PSDP DUTIES,  
 PLEASE COMPLETE THE SEPARATE QUESTIONNAIRE**

7. Please indicate to what structures your activities extend

Individual Dwellings	%	Water Sewerage Schemes	%
Roads, Highways	%	Power Plants/Wind Farms	%
Low Rise Multiple Dwellings	%	Hospitals, Nursing Homes	%
Bridges, Tunnels and Dams	%	Refineries and Petro-Chemical	%
High Rise Multiple Dwellings	%	Hotels and Leisure Centres	%
Railways, Airports,	%	Manufacturing Plants	%
Harbours	%	Schools and Universities	%
Modular Dwellings (Repetitive)	%	Industrial Building Systems	%
Commercial/ Offices	%	Retail/Business Parks	%
Shopping Centres	%	Other (please specify)	%
Leisure Centres/Sports Stadia	%		

8a) Please state the gross turnover received for each of the last three financial years billed to clients and an estimate for the next twelve months.

Year	U.K.	Worldwide ex USA/Canada	USA/Canada
20    Turnover			
20    Turnover			
20    Turnover			
Estimate			
20    Turnover			
Financial Year ends:	(Month)		

b) What percentage of turnover is paid to sub-contractors or consultants? %

c) Please break down your turnover between the following activities:

Where you are contractually responsible for the feasibility study or overall concept planning	£
Where you design and construction	£
Where you provide design or undertake project management duties only	£
Where you provide design and/or supervision, of third party labour	£
Where you are contractually responsible for the construction, from the design of qualified architects or engineers, appointed on your behalf, who have their own P.I. insurance	£
Where you are contractually responsible for the construction from others' designs, undertaken on your behalf and they also undertake the supervision, and they have their own P.I Insurance	£
Where you are contractually responsible for the construction from the design supplied by a third party Principal, Employer or Client but have no responsibility, at law, for such design	£
Where you arrange the Finance	£
Other (please specify)	£

**CONSTRUCT (IN THIS CONTEXT) CAN ALSO MEAN INSTALL OR FABRICATE  
CONSTRUCT INCLUDES YOUR CONTRACTUAL RESPONSIBILITY,  
ALBEIT THAT YOU MAY SUB-CONTRACT THE LABOUR**

9a) Please list the five largest contracts undertaken in the last three years:  
(where you have a Professionally-related legal responsibility)

- i)
- ii)
- iii)
- iv)
- v)

b) What is the largest annual income earned from a single client in the last twelve months?

c) In the case of Overseas contracts, please list the countries involved and whether U K or local law applies. Also, please give brief details of the contract(s) and size.

10 Please provide a description of your business activities in your own words including any specialisations, clarify the type of work normally carried out, whether consisting of well-established techniques or the nature of new and original-thought developments, processes or design employed. State whether and what licensing or similar agreements are in force and the degree to which supervision of them is exercised. Also, please state if the end product of your work is critical to the continued process of any of your clients' systems, failure of which could result in pecuniary loss to them.

11 Do you, **ever**, give or have you ever given advice concerning the financial return that may be achieved by a client, following the development of land or property? **YES/NO**

12a) Do you, **ever**, act as a developer in respect of a single project? **YES/NO**

b) Is this application for insurance in respect of a specific project? **YES/NO**

**IF EITHER ANSWER IS YES,  
PLEASE COMPLETE THE ATTACHED SEPARATE SINGLE PROJECT QUESTIONNAIRE**

13 Have you, **ever**, failed to complete a project? **YES/NO**  
If yes, please explain the reason and type of project

14 Have you, **at any time**, entered into a contract signed under seal or signed a collateral warranty? **YES/NO**  
If yes, please give details



15 Have you, **at any time**, been contractually responsible for the manufacture or fabrication of pre-engineered units? **YES/NO**

If yes, please give details

16 Have you, **at any time**, engaged in contracts involving prototype construction or materials? **YES/NO**

If yes, please give details

17 Do you have liability within the Construction (Design & Management) Regulations, as a CDM Co-ordinator, Planning Supervisor, or as a Designer, or Project Supervisor for the Design Process (in Ireland)? **YES/NO**

**IF YES, PLEASE COMPLETE THE SEPARATE CDM/PSDP QUESTIONNAIRE**

18a) Do you or have you, **at any time**, provided technical literature, which goes beyond standard leaflets/brochures? **YES/NO**

If yes, please give full details

b) Do you or have you, **at any time**, given advice on product suitability or installation techniques? **YES/NO**

If yes,

i) what steps do you take to ensure that this is only given by designated individuals?

ii) what caveats does the advice contain?

c) Do you provide software packages for the use of third parties? **YES/NO**

If yes, please confirm that these are supplied subject to any disclaimer or limitation of liability.

19 Do you use standard Contract Conditions/Letter of Appointment?

YES/NO

If yes, please attach a copy

If no, please give details of how you define your duties to your clients.

20a) When Professional Sub-contractors or Specialist Consultants are engaged, have you, in the past, and will you in the future endeavour to ensure that they are appointed directly by and paid by the client?

YES/NO

b) Have you and will you ensure that such persons or firms have entered into a binding contract accepting full responsibility for their own Professional neglect, error or omission and that they carry and maintain in force Professional Indemnity insurance?

YES/NO

**IT IS A CONDITION OF THIS POLICY THAT P I INSURANCE IS MAINTAINED BY THIRD PARTY PROFESSIONALS, TO ALLOW FOR SUBROGATION, IN THE EVENT OF A CLAIM**

21a) If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

b) Do you undertake work for or are you associated, either by shareholding or official position, with any company/organisation, where you are in a position to make major decisions?

YES/NO

If yes, please give details.

c) Have any of the Partners, Principals or Directors been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily?

YES/NO

If yes, please give details

22 Do you wish to consider any of the following extensions?

Loss of Documents	YES/NO
Unintentional Breach of Confidentiality	YES/NO
Libel & Slander	YES/NO
Unintentional Breach of Copyright	YES/NO
Dishonesty of Employees	YES/NO
Claims arising from Associated Companies	YES/NO

23 Do you currently have Professional Indemnity insurance?

YES/NO

If yes, please give details.

Expiry Date:

Limit:

Excess:

Insurer:

Number of Years P I cover:

24 Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms?

YES/NO

If yes, please give details.

25 Please state: limit of indemnity required

: self insured excess

26a) Do you always require satisfactory written references when engaging employees?

YES/NO

b) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature?

YES/NO

If yes, please give details

c) How often are employees who receive cash or cheques, during the course of their duties, required to pay in?

d) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and un-presented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

27 Have you or any Partner, Principal, Director or Employee EVER had any claims made against you/them or know of any circumstances that could or would have resulted in a claim, if cover had been in force?

YES/NO

If yes, please give full details.

**IMPORTANT NOTICE CONCERNING  
DUTY OF FAIR PRESENTATION**

It is your duty to disclose all material facts/circumstances, which are known to you (or which after enquiry should be known to you) and which is material to the risk. A material fact/circumstance is one, which may influence an Underwriter's judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts/circumstances previously advised to Insurers will be material and such changes should be highlighted. If you are in any doubt as whether a fact/circumstance is material or not, you should disclose it.

**FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Insurers to void the policy.**

I/We declare that the statements and particulars contained in the 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. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

However, the duty to disclose material facts continues after completion of this proposal and throughout any period of insurance (and any extensions thereto), upon which this proposal form was used as the basis of the contract of insurance.

Date  (day)  (month)  (year)

Signature: ..... (Partner, Principal or Director)

Position: .....

**A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN  
RECORDS**

## SINGLE PROJECT QUESTIONNAIRE

### THE PROPOSER MUST PROVIDE THE FOLLOWING:

1. Name of Client/Customer:

2a) Location of Project:

b) If outside the UK, does the Contract require local jurisdiction?

**YES/NO**

c) If yes, please state the jurisdiction:

3a) Please identify the Nature of the Structure/Building:  
(ie housing etc)

b) Identify the Future Use of the Structure/Building:

4. Total Contract Value:  
(not just for your work)

5a) Your Project Appointment Date:

b) Anticipated Commencement Date, on Site:

c) Anticipated Completion Date, on Site:

6a) Will you be appointing Specialist Consultants?

YES/NO

b) If yes, what work will they be undertaking, on your behalf?

c) Please advise the amount of fees to be paid to Specialist Consultants:

d) Please advise details of the current Professional Indemnity cover of any Specialist Consultants, including whether it is any one claim or aggregate basis:

Limit:

AOC/AGG

(delete as necessary)

7 Please advise the Gross Fees, including those paid to any Specialist Consultants, which will be earned by your practice, for this Project:

8 Please give full details of the Services that you will be providing, in respect of this Project:

**FAÇADE WALL PANELLING QUESTIONNAIRE**

1. Are you now, or have you ever been involved in any activities, in any capacity, with any construction projects which have ever involved the use of ACM cladding (Aluminium Composite Material Rainscreen Cladding) or High Pressure Laminate (HPL) cladding systems?

This work could also be undertaken as a sub-consultant or sub-contractor to other parties, as well as any direct contract appointment. Activities can include, but are not limited to:

**Design**

**Project management**

**Project co-ordination**

**Project supervision**

**Material specification**

**Structural Surveying**

**Certification of completed work**

**YES/NO**

2. If the answer to question 1. above is “**yes**”, please enter details below for all contracts where you had or currently have any involvement (please provide any further details separately):

2a) Project Name:..... Total Contract Value: £.....

Client Name:..... Cladding Contact Value: £.....

Your role:..... Completion Date:.....

2b) Project Name:..... Total Contract Value: £.....

Client Name:..... Cladding Contact Value: £.....

Your role:..... Completion Date:.....

2c) Project Name:..... Total Contract Value: £.....

Client Name:..... Cladding Contact Value: £.....

Your role:..... Completion Date:.....



3. Where your involvement in any of the projects listed in Question 2 included any material specification for ACM or HPL cladding, please list which materials were specified by you or by those acting on your behalf:

Project Name	ACM/HPL Materials used/specified	ACM Compatible with BS 476-22, BS476-4 or Class A1 to EN13501-1 standards?	HPL Compatible with Class A1 or A2-S1 Standards?
1. ....	.....	YES/NO	YES/NO
2. ....	.....	YES/NO	YES/NO
3. ....	.....	YES/NO	YES/NO
4. ....	.....	YES/NO	YES/NO
5. ....	.....	YES/NO	YES/NO
6. ....	.....	YES/NO	YES/NO

**(If necessary, please provide the full list of additional projects on a separate sheet)**

4. Have you had any enquiries from either current or former Employees or Principals regarding the use of materials listed in Question 3? If "Yes" please provide full details below.

YES/NO

5. If you have answered "Yes" to Question 1, but are unable to provide any details relating to former projects for which you provided any services, please provide an explanation below:

6. Are there any other pertinent facts relating to the above questions that you feel should be brought to the attention of Insurers in connection with any past or current projects on which you have had an involvement, or in relation to the materials mentioned in Question 3, and any comments relating to a "No" answer to Question 4 above?

**C D M/P S D P QUESTIONNAIRE**

**TO BE ANSWERED BY ANY INDIVIDUAL OR FIRM APPOINTED AS  
THE PRINCIPAL DESIGNER**

1a) Have you been appointed as the Principal Designer, where you could be liable under the Construction (Design and Management) Regulations, or have you previously acted a CDM Co-ordinator or a Planning Supervisor or Project Supervisor for the Design Process (in Ireland)? **YES/NO**

b) If you were ever appointed as both, did you ensure that you had separate appointments, in view of the possible conflict of interest? **YES/NO**

2 Please describe the services that you intend to offer in this connection

3a) Have these tasks been allotted to specific individuals? **YES/NO**

b) If yes, what steps have been taken to ensure that any individuals, undertaking the role of Principal Designer or Project Supervisor, are adequately experienced in relevant health and safety aspects?

c) Please confirm that individuals, who have or will act as Principal Designer or Project Supervisor:

i) are a design professional **YES/NO**

ii) have attended or will attend specific Health & Safety courses? **YES/NO**

If yes, please give details and advise if they have or will become certificated.

If not, please explain how they are qualified to undertake the task.

4a) Do you ensure that you are appointed at the outset of a contract and that the client and all sub-contractors/consultants are fully aware of their duty under the CDM or PSDP Regulations?

**YES/NO**

If not, please give details.

b) Please confirm that you have never been appointed **after** tender stage of a contract or after construction is under way?

**YES/NO**

If yes, please give details

5 Have there been any occasions where you have become aware that there is no health and safety file for on-site utilities?

**YES/NO**

If yes, please provide details

6 Have you been involved in any projects where there has been a serious delay in completing health and safety files or assessing plans, on behalf of a client?

**YES/NO**

If yes, please give full details