

**ARCHITECTS**  
**PROFESSIONAL INDEMNITY**  
**PROPOSAL FORM**

**Please Note:**

- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- Please answer all the questions giving full and complete answers. Please use a separate sheet of paper if insufficient space. If necessary please write additional relevant facts on a separate sheet of paper.
- The proposal form must be completed and signed & dated by a person who is of legal capacity and have the authorisation to request this insurance for the Proposer.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.
- All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of any claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters. If you are in doubt as to what constitutes a material fact, you should consult your broker.

**Please supply the following additional information:**

- Company Brochure
- CV's of Principals
- Copy of Standard Contract Terms and Conditions (if applicable)

**Details of the Proposer:**

1. Name(s) (including trading names/subsidiary companies) all entities to be Insured:

2. Main Address:

3. Web-Site Address:

4. Date of Establishment:

5. Please give total numbers of:

a) Partners/Directors/Principals:

b) Qualified Staff:

c) Other Technical Staff

d) Administration/Other Staff (Typists etc):

6. Details of all Directors/Partners/Principals:

Partners/Principals	Qualifications	Date Qualified	How long a Director, Partner, Principal of this firm/company

7. a) Has the Name of the Proposer ever been changed?

**Yes/No**



b) Has any other practice or business amalgamated or merged with you? **Yes/No**

c) Have you purchased any other practice or business? **Yes/No**

If Yes, please provide full details:

8. Is cover required for any Partner's Liability prior to joining the firm? **Yes/No**

If Yes, please provide Name of Partner, Name of Previous Firm and Date at which the Partner joined the above firm:

9. If the Proposer is a sole practitioner, what procedures are in place for periods of absence from the office or illness? Please provide full details:

10. Please list the professional, regulatory bodies, trade associations or societies to which you belong:

11. a) Is any Partner/Director or Employee allowed to sign cheques on his signature alone? **Yes/No**

If Yes, up to what amount? .....

b) How often are the entries on the Cash Book reconciled against the Bank Statements by a senior person, other than the head bookkeeper? .....

c) Has the proposer ever sustained any loss through fraud or dishonesty of any employee?

If Yes, please provide full details:

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**Details of Activities/Income/Fees:**

1. a) Please provide the details of your gross fees:

	Previous Year ...../...../.....	Current Year ...../...../.....	Estimated Year ...../...../.....
<b>Gross Fee</b>			
<b>Maximum Fee</b>			
<b>Average Fee</b>			

b) Financial Year End: .....

2. a) Please provide a percentage split of your income by geographical area:

	% of Gross Fees
<b>Domestic Contracts</b>	
<b>Overseas Contracts (excluding USA/Canada)</b>	
<b>USA/Canada (Subject to non USA/Canada Law)</b>	
<b>USA/Canada (Subject to USA/Canada Law)</b>	

b) If overseas work is carried out, please list the countries in which services are performed:

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3. Please list the Proposer's six largest contracts in the last five years:

Client	Territory	Description of Professional Services	Total Contract Value	Your Fees	Start Date	End Date


4. Please confirm the percentage split of your income by geographical area in the UK:

Area	%
North East	
North West	
South East	
South West	
Midlands	
Scotland	
N.Ireland	
Wales	

5. If Other, please specify area(s)/country(s) and corresponding percentage:

6. Are the Proposer's current Six largest projects progressing to timescale and budget, with no significant unresolved issues: **Yes/No**

If No, please provide full details:

7. What percentage of your gross fees was derived in the previous financial year from your largest client?

8. Has the proposer undertaken any Rail related contracts in the last 6 years? **Yes/No**

If Yes, please provide full details:

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9. Please give details of the three largest contracts to be undertaken in the forthcoming year:

Client	Territory	Description of Professional Services	Total Contract Value	Your Fees	Start Date	End Date

10. In respect of all professional services provided, does the Proposer always act under terms of engagement which have either been issued by their professional body or reviewed and approved by a solicitor acting independently of their client? **Yes/No**

11. Does the Proposer enter into any contracts that are signed under seal, or where applicable limitation period is increased beyond that prescribed by statute? **Yes/No**

12. a) Please provide a split of activities in the previous financial year (continued on next page):

Activity	UK - %	Elsewhere %
Architectural work stages C to L – New Build		
Architectural work stages C to L – Non Structural Refurbishment		
Architectural Consultancy		
Interior Design – Structural		
Interior Design – Non Structural		
CDM/Planning Supervision		
Town Planning		
Feasibility Studies		
Quantity Surveying		
Land Surveying		
Residential Building Surveying		
Commercial Building Surveying		
Other Surveys – Please provide details:		
Residential Valuation		
Commercial Valuation		

Property/Estate Management		
Landscape design (not golf courses)		
Project Co-Ordination		
Project Management		
Fees paid to Consultants, Sub-Contractors or Agents		
Other Work – Please provide full details on a separate sheet		
<b>TOTAL (100%)</b>		

b) Have your activities change in the past 5 years or do you anticipate any major changes in the next twelve months? If so, please provide full details:

13. Please specify (where applicable) the percentage of gross fees in the previous year that the following types of work represent (continued on next page):

	%
Residential – low rise	
Residential – high rise	
Commercial – low rise	
Commercial – high rise	
Public Sector Housing (including Housing Associations)	
Private Sector Housing Scheme	
Public Sector Hospitals	
Private Sector Hospitals	
Other Healthcare	
Public Sector Schools/Universities	
Private Sector Schools/Universities	
Churches/Cathedrals	
Industrial	
Retail	
Commercial Schemes	
Bridges/Tunnels/Dams/Mines/Harbours/Jetties	
Highways/Roads/Groundwork	
Water/Sewerage	
Hotels/Leisure Centres/Spots Stadia	

Transport/Petrochemical/Nuclear/Atomic activities	
Other – Please provide details on a separate sheet	
<b>TOTAL</b>	<b>100%</b>

14. a) Please confirm the total building values certified in the previous year £.....

b) If the Proposer undertakes any High Rise projects please provide details including number of storeys:

15. a) What percentage of the Company’s income is paid to sub-contractors appointed by the Proposer? .....

b) Please give full details of the work undertaken by sub-contractors:

c) Does the Proposer accept contractual responsibility for sub-contractors (rather than simply appointing them?) **Yes/No**

d) Does the proposer ensure that such sub-contractors have entered into a binding contract accepting full responsibility for their own professional neglect, error or omission and does the proposer ensure the sub-consultants carry and maintain in force Professional Indemnity insurance? **Yes/No**

e) Does the proposer check that the sub-contractor has adequate resources? **Yes/No**

16) a) Have any major changes in the Company’s activities /structure taken place in the last twelve months? **Yes/No**

If Yes, please give full details:

next twelve months? **Yes/No**

If Yes, please give full details:

c) Is cover required for any previous activity, now ceased, which is different from that declared within the proposal form? **Yes/No**



If Yes, please give full details:

- 17) a) Do the Principals, Partners, Directors of the Proposer have any association with or financial interest in any other practice, company or organisation? **Yes/No**

If Yes, please give full details:

b) What percentage of income is derived from Associated Companies as detailed above? .....%

c) Is, or has, the Proposer(s) been a member of a consortium, group practice, joint venture, strategic alliance or involved in any single project partnership? **Yes/No**

d) Does the Proposer intend to enter in to any joint venture within the next twelve months? **Yes/No**

If Yes to c) or d), please give full details:

NB. Please note that special arrangements must be made with insurers if indemnity is to be granted

e) Does the Proposer check the competence , financial standing and insurance status of joint venture partners? **Yes/No**

f) Has the Company or Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsorily? **Yes/No**

If Yes, please give full details:

g) Has any Principal or Director been made personally bankrupt? **Yes/No**

If Yes, please provide full details:

- 18) a) Does the Proposer keep current, accurate and proper records of their financial status in compliance with relevant legislation? **Yes/No**

If No, please provide full details:

- b) Are satisfactory written references always obtained when engaging employees? **Yes/No**
- c) Are procedures kept in place to ensure that the Proposer is able to provide adequate and properly qualified resource to fulfill all contractual and/or legal obligations? **Yes/No**
- d) Are all non-qualified and newly qualified staff kept under adequate supervision by a principal, director, partner or senior professionally qualified employee? **Yes/No**
- e) Is there a clearly defined control mechanism in place to minimise the risk of loss of or damage to Documents held by or on behalf of the Proposer? **Yes/No**
- f) Is there a clearly defined and documented checking or audit procedure in place to ensure that any procedures or mechanisms referred to in the a-e are complied with at all times? **Yes/No**

**Previous/Current Insurance**

1. Does the Proposer currently have a Professional Indemnity Insurance policy in force? **Yes/No**

If Yes:

- a) Insurer
- b) Expiry Date
- c) Limit of Indemnity
- d) Excess

e) Premium

f) Expiry Retroactive Date  
(if applicable)

2. Has any previous policy for Professional Indemnity insurance been cancelled or refused or had any special terms imposed by any insurer?

**Yes/No**

If Yes, please provide full details:

3. Please circle the Limit of Indemnity required:

£500,000, £1,000,000, £1,500,000, £2,000,000, £2,500,000, £3,000,000, £5,000,000

Please specify if other –

4. What Excess is the Proposer prepared to carry uninsured?

£500, £1000, £2,500 £5,000 £10,000 or 'Other'

### **Claims/Circumstances Information**

1. Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or present or past partners, principals or directors?

**Yes/No**

If Yes, have such matters been notified to current or previous Underwriters

**Yes/No**

Please provide full details:



2. Are you or any partners, directors or principals, after having made full enquires, including of all staff, aware of any of the following matters?

a) Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, director principal or employees? **Yes/No**

b) The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you? **Yes/No**

If Yes, please provide full details:

[Empty rectangular box for details]

3. Is any person within the Company facing or have they ever faced criminal investigations or disciplinary proceedings by any Institute or other relevant body? **Yes/No**

If Yes, please provide full details:

[Empty rectangular box for details]

4. Are there any other Material facts which ought to be disclosed? **Yes/No**

If Yes, please provide full details on a separate sheet.

**Declaration**

The undersigned authorised Officer of the Company declares that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this Proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature:.....

Name:.....

Position.....



Date.....