



# Professional indemnity

Proposal form (Architects and/or Engineers)



## The information you provide in this proposal form

This is a proposal for a contract of insurance between you and us and you have a duty to make a fair presentation of the risk to us in accordance with the law.

If you do not meet your duty to make a fair presentation of the risk to us then we may at our option take one or more of the following actions

- 1 Cancel your policy
- 2 Declare your policy void (treating your policy as if it had never existed)
- 3 Change the terms of your policy
- 4 Refuse to deal with all or part of any claim or reduce the amount of any claim payments

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. If you run out of space, please attach additional sheets labelled with the relevant question number. A principal of the practice must sign and date this form and any separate sheets.



## 1 Your details

### 1.1 Business name

Any additional businesses or trading styles for which you require cover

Main office address

  
  


Telephone number

Contact email address

Website

State number of branch offices

Please list on a separate sheet all branch offices including addresses for which you are seeking cover

Date business established

1.2 Is cover required for any other business or individual? This may include a predecessor in business or liability of one of your partners or principals relating to work undertaken elsewhere.

 Yes     No

If 'Yes', please provide details:

1.3 State business/profession to be insured



## 2 The business

2.1 Please list below details of the partners/directors/members/proprietors of the business

Name	Date of birth	Qualifications	Years in industry	How long as partner/director/member of the firm(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## 3 Staff

3.1 Please advise total number of staff excluding partners, directors, members, proprietors:

3.2 Please advise number of staff who hold relevant qualifications or who have five or more years experience in the business undertaken

3.3 All others

**Sole practitioners only**

3.4 What arrangements do you make when you are unable to attend your business? e.g. holidays, sickness, etc

3.5 If the business or any partner/director/member/principal is a member of any professional institution, association or similar, please provide details



#### 4 Subcontractors

4.1 Do you engage or intend engaging in the future any external sub-consultants/sub-contractors?

Yes

No

4.2 If Yes to 4.1

4.2.1 What vetting procedures do you use when selecting sub-consultants/sub-contractors?

4.2.2 What controls do you have in place to monitor/check the quality and accuracy of work performed by sub-consultants/sub-contractors?

4.2.3 What percentage of your annual fee income/turnover is paid to sub-consultants/sub-contractors?

4.2.4 Do you ensure all sub-consultants/sub-contractors effect and maintain their own professional indemnity insurance?

Yes

No

4.2.5 If Yes to 4.2.4, what minimum limit of indemnity do you require sub-consultants/sub-contractors to effect and maintain?



#### 5 Associated companies

5.1 Does the company/firm or any partner/director/member act on behalf of or undertake work for any other firm, company or organisation in which the company/firm or any partner/director/member has a financial interest?

Yes

No

5.2 Does any other firm, company or organisation have a financial interest in the company/firm?

Yes

No

## 5 Associated companies *continued*

**5.3 Is cover required under this insurance for this work?**

Yes  No

If 'Yes' to 5.1, 5.2, or 5.3 give details of work carried out for and fees earned from the company/firm or organisation.

**5.4 Do you operate under any formal terms of engagement with the company/firm/organisation in 5.1 or 5.2 above?**

Yes  No

**5.5 If you do not use any formal terms of engagement, please provide details of the arrangements you operate under.**



## 6 The business/work undertaken

**6.1 Please provide full details of activities undertaken by your business and of any intended changes to these. (If you have a brochure detailing operations, please provide a copy)**



## 7 Past and current contracts

7.1 Please provide details of the five largest contracts (in terms of total project value) undertaken in the last five years

### Project 1

Start date and completion date

Name of client

Name and location of project

Total contract value

Your fee

Description of your activities

### Project 2

Start date and completion date

Name of client

Name and location of project

Total contract value

Your fee

Description of your activities

### Project 3

Start date and completion date

Name of client

Name and location of project

Total contract value

Your fee

Description of your activities

## 7 Past and current contracts *continued*

### Project 4

Start date and completion date

Name of client

Name and location of project

Total contract value

Your fee

Description of your activities

### Project 5

Start date and completion date

Name of client

Name and location of project

Total contract value

Your fee

Description of your activities



## 8 Future contracts

8.1 Please provide details of the three largest contracts (in terms of total project value) expected to commence in the next 12 months

### Project 1

Start date and completion date

Name of client

Name and location of project

Total contract value

Your fee

Description of your activities

### Project 2

Start date and completion date

Name of client

Name and location of project

Total contract value

Your fee

Description of your activities

### Project 3

Start date and completion date

Name of client

Name and location of project

Total contract value

Your fee

Description of your activities





## 9 Financial information

9.1 Your Financial Year End Date:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

9.2 Please state your total income for each of the following financial years:

	UK	EU (non-UK)	US or Canada	Rest of world
Current year estimated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last complete year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Previous year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9.3 If any income is derived from work carried out in connection with any non-UK contract or non-UK customer, please provide full details:



## 10 Activities

10.1 Please state the percentage of your total fee income derived from each of the following categories in the last complete financial year:

Housing (single dwelling)	<input type="text"/> %
Housing (multiple dwellings, less than 100 units)	<input type="text"/> %
Housing (multiple dwellings, more than 100 units)	<input type="text"/> %
Factories/industrial	<input type="text"/> %
Office/retail	<input type="text"/> %
Pubs/restaurants/hotels	<input type="text"/> %
Leisure	<input type="text"/> %
Schools/colleges/education	<input type="text"/> %
Hospitals/healthcare	<input type="text"/> %
Municipal	<input type="text"/> %
Churches/cathedrals	<input type="text"/> %
Transport/infrastructure	<input type="text"/> %
Power generation/distribution	<input type="text"/> %
Other	<input type="text"/> %
Total	100%
10.1.1 If you have declared income in 'Other', please provide details	<input type="text"/>

## 10 Activities *continued*

### 10.2 Have you ever performed any work in connection with any of the following:

			Percentage of total fee income derived from this activity in the last 12 months
High rise (more than four floors)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Arenas, stadia or other sport related	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Amusement rides	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Swimming pools	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Children's play areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Nuclear or atomic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Power plant or power generation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Green energy (solar, wind, biomass, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Petrochemical or refineries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Offshore	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Manufacturing plant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Mechanical plant or bulk handling equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Lifting equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Sewerage and/or water schemes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Railways	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Roads, bridges, tunnels or dams	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Harbours, jetties or other marine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Airports or aviation related	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Automotive	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Military	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Mines and associated works	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Landfill, ground works or demolition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Clean rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Basement extensions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Car parks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %
Cavity wall insulation (not new build)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/> %

## 10 Activities *continued*

10.3 Have you ever been involved in any way with buildings or contracts for new build or refurbishment where some form of built up system of insulating material and/or composite cladding has been used?

Yes

No

10.4 Have you been involved in any way with non-mineral filled cladding systems on buildings over 18 metres in height?

Yes

No

10.5 If you have answered Yes to 10.3 or 10.4 please provide full details of all such buildings/contracts



## 11 Breakdown of fee income

11.1 Please state fees paid to you during the last financial year split into the following disciplines:

Aborted work	<input type="text"/>	%
Architecture – new build or structural refurbishment	<input type="text"/>	%
Architecture – non-structural	<input type="text"/>	%
Interior design – structural	<input type="text"/>	%
Interior design – non-structural	<input type="text"/>	%
Landscape/garden architecture	<input type="text"/>	%
Town planning	<input type="text"/>	%
Building surveys – structural	<input type="text"/>	%
Building surveys – non-structural	<input type="text"/>	%
Land surveys	<input type="text"/>	%
Quantity surveying	<input type="text"/>	%
Valuations	<input type="text"/>	%
Project co-ordination	<input type="text"/>	%
Project management	<input type="text"/>	%
Planning supervisor/CDM/Principal Designer role	<input type="text"/>	%
Civil engineering	<input type="text"/>	%
Structural engineering	<input type="text"/>	%
Electrical engineering	<input type="text"/>	%
Mechanical engineering	<input type="text"/>	%
Heating/ventilation/air conditioning engineering	<input type="text"/>	%
Soil and/or foundations engineering	<input type="text"/>	%
Setting out	<input type="text"/>	%
Expert witness work	<input type="text"/>	%
Feasibility studies	<input type="text"/>	%
Other	<input type="text"/>	%

## 11 Activities *continued*

11.2 If you have stated any income in 'Other' in 11.1, please provide details

11.3 Is the above split typical of the figures for the last five years?

Yes  No

If 'No', please give details

11.4 Where you have stated Nil to any category in 11.1, have you performed that activity in the past 10 years?

Yes  No

11.5 If Yes, please provide details



## 12 Consortiums / joint ventures

12.1 Have you ever undertaken a contract as a member of a Consortium or joint venture?

Yes  No

If 'Yes', please give details



### 13 Current projects

**13.1 Are all current projects on time and within budget and have all projects completed within the last two years been completed on time and within the agreed budget?**

Yes  No

If 'No', please give details



### 14 PFI / PPP projects

**14.1 Have you ever undertaken a contract which forms part of a PFI or PPP project?**

Yes  No

If 'Yes', please provide details



### 15 Novation

**15.1 Do you ever accept liability for professionals appointed by others by way of novation or other legal agreement?**

Yes  No

If 'Yes', please provide details



## 16 Techniques and practices

**16.1 Do all your contracts involve well established techniques and-practices?**

Yes  No

If 'No', please give details



## 17 Claims and circumstances

**17.1 Has the company/firm suffered any loss or identified any potential loss through fraud or dishonesty of any employee, director, members or principal?**

Yes  No

If 'Yes', give full details including amounts involved.

**17.2 Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) ever been made against the company/firm or its present and/or past partners, directors, members?**

Yes  No

If 'Yes', give full details including date of claim, nature of claim and amounts paid (including any excess paid by you and all amounts paid by insurers to investigate, defend and settle each claim)

**17.3 Have all claims been notified to Insurers?**

Yes  No

**17.4 Are any of the partners, directors or members or employees after enquiry, aware of any circumstances, allegations or incidents which may give rise to a claim against the firm(s) or its predecessors in business, or any of its present or former partners, directors or members?**

Yes  No

If 'Yes', please provide details.





## 18 Previous Professional indemnity insurance

**18.1 Has any proposal for Professional indemnity insurance ever been declined by an insurer to whom you have applied?**

Yes  No

If 'Yes', please provide details

**18.2 Do you currently have Professional indemnity insurance?**

Yes  No

If 'Yes', please provide details (you do not need to answer if you are already insured by AXA)

Renewal date dd/mm/yy	Insurer	Broker	Limit of indemnity £ any one claim /aggregate – please advise	Excess £	Premium £
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



## 19 Quotation requirements

**19.1 Please advise your requirements**

Limit of indemnity £

Excess £



## 20 Declaration

### 20.1 Fair presentation of risk

In order to comply with your duty of fair presentation of the risk you must provide us with any information that may influence us in the acceptance of this risk and the terms provided. If you are not sure if something is important or relevant you should tell us about it. Relevant information is something that could affect the terms of your policy or our decision to renew your policy.

**Before signing the declaration, please read the following Data Protection Notice**

AXA Insurance UK plc is part of the AXA Group of companies which takes your privacy very seriously. For details of how we use the personal information we collect from you and your rights please view our privacy policy at [www.axa.co.uk/privacy-policy](http://www.axa.co.uk/privacy-policy).

If you do not have access to the internet please contact us and we will send you a printed copy.

**Please read this declaration carefully and then sign below**

- I/We confirm that the particulars given in this proposal form are a fair presentation of the risk that we wish to insure
- I/We confirm that a reasonable search of information available to me/us has been undertaken and that the particulars given in this proposal form represent all relevant information known to me/us or that I/we ought to be aware of
- I/We understand that if a fair presentation of risk has not been given then this insurance may not fully protect me/us in the event of a claim
- I/We will tell you of any change to the details given before the start date of the contract, if any variation is required during the period of insurance and prior to each renewal.

**Signature of partner, director or member:**

**Date:**

**Print name:**

**Position:**

Please note: until we have confirmed that we have accepted this proposal, you are NOT insured under this policy.



Additional notes

A large, empty rectangular box with a thin blue border, intended for writing additional notes. The box occupies most of the page's vertical space below the header.

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