



Professional indemnity

Proposal form (Design & Construct)



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. A principal of the practice must sign and date this form and any separate sheets.



1 Your details

1.1 Business name (include all names under which you practice)

Main office address

Postcode

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 established

--

1.2 Is cover required for anything other than work undertaken by the above firm(s)? 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:

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1.3 State type of business/profession to be insured

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2 The firm

2.1 Please list below your details if you are a sole trader or those of the partners/directors/members of the company

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



3 Staff

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

3.2 Please advise number of staff who have 5 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?

3.5 Is the company/firm or any partner/director/member/principal a member of any professional association?

If 'Yes' please provide details



4 Subcontractors

4.1 Does the company/firm engage or intend engaging in the future, any external sub consultants/sub contractors?

4.2 Do you ensure they hold their own Professional indemnity insurance?



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

5.3 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 forward a copy)



7 Your clients

7.1 Please provide details of the five largest contracts (in terms of total project value) undertaken in the last five years where you had responsibility for design or other professional services:

	Start date and completion date	Client	Contract value	Total project value												
1	<table border="1"> <tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y			
M	M	Y	Y	Y	Y											
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	Description of your activities															
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M	M	Y	Y	Y	Y											
M	M	Y	Y	Y	Y											
	Description of your activities															
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3	<table border="1"> <tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y			
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	Description of your activities															
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M	M	Y	Y	Y	Y											
M	M	Y	Y	Y	Y											
	Description of your activities															
	<div style="border: 1px solid black; height: 30px;"></div>															



8 Large 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 where you have responsibility for design or other professional services:

	Client	Your contract value	Total project value
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Description of your activities <input type="text"/>		
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Description of your activities <input type="text"/>		
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Description of your activities <input type="text"/>		



9 Total turnover

9.1 Financial Year End Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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9.2 Please provide your total turnover for each of the following financial years:

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



10 Percentage turnover

10.1 Please split your turnover into percentages from the following categories:

Turnover where you design and construct from your own design

 %

Turnover where you construct from the designs of others performed on your behalf

 %

Fees where you design and provide technical supervision and project management services (i.e. No construction is undertaken by the firm)

 %

Turnover where you construct from designs provided by the employer (i.e. you have no design responsibility)

 %

Other Turnover (please provide brief details below)

 %

10.2 If income is disclosed under point 1 please provide a copy of the CV for each partner/director/member/employee who undertakes design or other professional activities, together with a full description of the actual activities that they undertake.

10.3 If any turnover is derived from work carried out in connection with any overseas contract, please provide full details:



11 Trades

11.1 Please indicate whether you have done any work in connection with any of the following:

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| 1 Manufacturing plant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 Power plant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3 Sewerage & water schemes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4 Petrochemical & refineries | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5 Roads, bridges, tunnels & dams | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Harbours & jetties | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7 Mines & associated works | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8 Swimming pools | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9 Clean rooms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10 Nuclear/atomic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 Railways | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Airports/aircraft | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 Offshore | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14 Landfill | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15 Basement extensions or similar | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

11.2 If the answer to any part of question 11 is 'Yes', please provide full details



12 Fees

12.1 Please state fees paid to professionals appointed by you to undertake design or other professional services during the last year split into the following disciplines:

1 Architectural	<input type="text"/>	%
2 Structural engineering	<input type="text"/>	%
3 Heating & ventilation engineering	<input type="text"/>	%
4 Electrical engineering	<input type="text"/>	%
5 Mechanical engineering	<input type="text"/>	%
6 Civil engineering	<input type="text"/>	%
7 Soil engineering	<input type="text"/>	%
8 Project management	<input type="text"/>	%
9 Project co-ordination	<input type="text"/>	%
10 Other, please specify:	<input type="text"/>	%
Total of 1 – 10	100%	

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

Yes No

If 'No', please give details



13 Consortiums/joint ventures

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

Yes No

If 'Yes', please give details



14 Current projects

14.1 Are all current projects on time and within budget and have all projects completed within the last 2 years been completed on time and within the agreed budget?

Yes No

If 'No', please give details



15 PFI/PPP projects

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

Yes No

If 'Yes', please provide details



16 Liability for professionals

16.1 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



17 Techniques and practices

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

Yes No

If 'No', please give details



18 Claims and circumstances

18.1 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.

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

Yes No

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

18.3 Have all claims been notified to Insurers?

Yes No

18.4 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.



19 Previous Professional indemnity insurance

19.1 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

19.2 Do you currently have Professional indemnity insurance?

Yes No

If 'Yes', please provide details

Insurer

Broker

Renewal date dd/mm/yy

D	D	M	M	Y	Y	Y	Y
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Limit of indemnity any one claim/aggregate

Excess

Premium



20 Quotation requirements

20.1 Please advise your requirements

Limit of indemnity £

Excess £



21 Declaration

21.1 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.

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

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A large, empty rectangular box with a thin blue border, intended for students to write their additional notes. The box occupies most of the page area below the header and above the footer.

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