



DESIGN & CONSTRUCTION

Proposal Form

PLEASE ENCLOSE WITH THIS PROPOSAL FORM:

- A. A copy of your standard contract
- B. A sample of your corporate brochure/literature

Your Allied World Assurance Company (Europe) Limited Professional Insurance Certificate is issued on a CLAIMS MADE basis.

When completing this Proposal Form...

- Please answer all questions giving full and complete answers

It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional material facts.

A material fact is such known fact and/or circumstance that may influence the insurer in the evaluation of the risk. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.

- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting professional indemnity insurance for the firm who acts as a Proposer.

This proposal form does **NOT BIND** the Proposer to complete the insurance but will form part of any insurance

Details of the Practice

1. Name/s (including trading names) of the Proposer/s and subsidiaries:

	Date Commenced

2. Please state the business activities of the firm

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3. Principal Address of the firm

Website address:	Email address
Telephone Number	Fax Number

4. List all the Principals, Partners, Directors or Members:

Name in full of all Principals and Partners	Qualifications	Date Qualified	How long as a Principal with the Proposer/s	Full time or Part time

5. Is cover required for any past Principals, Partners, Directors or Members?

Yes No

If Yes, please state:

Name	Qualifications	How long with Proposer/s

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6. Is cover required for previous business activities of any Principal? Yes No

N.B. THE PREVIOUS BUSINESS ACTIVITIES MUST BE THE SAME AS THE CURRENT BUSINESS ACTIVITIES OF THE PROPOSER

If Yes, please state:

Name of Principal			
Name of Previous Firm			
Period	From / / To / /	From / / To / /	From / / To / /
Fees for the last 3 years	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £
Reason for leaving			
Position in Firm			
Is there separate insurance covering the activities of this firm for the period stated above?			

7. Please state total numbers of:

Principals		Contract Hired Staff	
Qualified Staff		Others	

8. Please state the name of any Professional body or Trade Association of which the proposer is a member

Professional Body	
Trade Association	

9. (i) Is the company financially associated with any other companies? Yes No

If Yes, please give full details:

(ii) Does the association include a shareholding Yes No

If Yes, please show the percentage

10. (i) During the past five years has the name of the company been changed or has any merger or consolidation taken place? Yes No

If Yes, please give full details:

- (ii) Are any of the activities that you undertake now different to those you undertook prior to the merger/consolidation? Yes No

If Yes, please give full details:

Turnover and split of work

11. Please give details of the Proposer's turnover

State when the financial year ends

		Past financial year			This Financial year		
		UK	USA Canada	Other	UK	USA Canada	Other
(i)	Turnover where the Firm designs and constructs from its own design and provides full technical supervision						
(ii)	Fees where the Firm provides design and technical services only (i.e. no construction is undertaken by the Firm)						
(iii)	Fees where the Firm provides project management or supervision of construction services only (i.e. no construction is undertaken by the Firm)						
(iv)	Turnover where the firm constructs from others' design performed on behalf of the Firm (i.e. where there is contingent design liability)						
(v)	Turnover where the Firm constructs from others' design and others' technical supervision						
(vi)	Other turnover not mentioned above (please give details) - these activities will not normally be covered						
	Total turnover for the whole group						

Please list the countries in which the company provides design and consulting services

12. Please give an approximate percentage split of the disciplines within your design and consulting department:

Architectural	%	Interior Design	%
Civil engineering	%	Soil/ Foundations/ underpinning	%
Structural engineering	%	Environmental	%
Mechanical engineering	%	Surveying:	(i) land
Electrical engineering	%		(ii) quantity
Heating and ventilating engineering	%		(iii) building
Building services engineering	%	Others (please specify below)	%

13. Division of work design and reports:

(a) Please indicate the approximate percentage of total work of the design and consulting department according to type:

(Delete as appropriate)

Approximate percentage (if none, state 'None')

		Design only	Design and Construct
Home building			
1.	Individual dwellings	%	%
2.	Low rise multiple dwellings	%	%
3.	High rise multiple dwellings	%	%
4.	Modular dwellings (involving repetitive design)	%	%
Engineering construction			
1.	Highways	%	%
2.	Bridges, overpasses, underpasses	%	%
3.	Dams, harbours, jetties, sea defences	%	%
4.	Tunnels, mines	%	%
5.	Railways, airports	%	%
6.	Sewage, water schemes	%	%
Industrial			
1.	Power plants	%	%
2.	Refineries and petro chemical installations	%	%
3.	Manufacturing plants, mechanical plant, bulk handling, equipment, silos, chimneys	%	%
4.	Industrialised systems building	%	%
5.	Heating, ventilating, air conditioning	%	%
Amenities			
1.	Hospitals and nursing homes	%	%
2.	Schools and universities	%	%
3.	Hotels and recreation centres	%	%
4.	High rise offices, others	%	%
General			
1.	Feasibility studies, reports, surveys, soil, sub-surface testing etc.	%	%
2.	Foundation, underpinning, piling	%	%
3.	Any other specialist activities not detailed above please specify:	%	%
		= 100%	= 100%

(b) Add here a statement of the type of work normally carried out whether consisting of well established techniques or of the nature of new and original thought developments, processes or designs employed.

State whether and what licensing or similar agreements are in force and the degree to which supervision is exercised by associates:

14. (a) Please give a full description of your activities:

(b) Do you anticipate any major changes in these activities in the forthcoming 12 months? Yes No

If Yes, please state:

(c) Have you undertaken any other activities in the past for which cover is required? Yes No

If Yes, please state:

15. Please provide any further details of the functions of your design and consulting department that may be of interest to underwriters

16. Are all associated and/or subsidiary companies design departments work, checked by head office, or another company or department which would include ratification of that work by signature (sign off) rubber stamp or other evidence of agreement? Yes No

If Yes, please state:

Sub Consultants

17. (a) Do you appoint independent or specialist sub consultants? Yes No

If Yes, please state:

What percentage of gross income/fees was paid to sub-contractors in the last financial year?	%
Are financial checks carried out on specialists, designers or consultants who are appointed by you, prior to their appointment?	
Are sub-contractors required to carry professional indemnity insurance?	
Do you always get an indemnity from sub-contractors, for their negligence in writing?	
If Yes, to what limits	

- (b) Please describe the work and activities of the specialists, designers or consultants?

- (c) Are they always professionally qualified or have at least 5 years experience? Yes No

Contracts undertaken by the Practice

18. (a) Please give details of the five largest contracts where construction has started in the past 6 years

Client	Start Date	Description	Total Contract Value	Fee	Approximate Completion Date
1					
2					
3					
4					
5					

Please give details of the five new projects where construction is likely to commence in the coming 12 months.

Client	Start Date	Description	Total Contract Value	Fee	Approximate Completion Date
1					
2					
3					
4					
5					

(b) What is the total income received in the last financial year from your largest client? £

(c) What is the average fee received in the last financial year? £

(d) Have you ever failed to complete a project? Yes No

If 'Yes', please explain reason and type of project, etc

19. Have you at any time accepted liability other than under the jurisdiction of UK courts? Yes No
If 'Yes', please provide full details listing jurisdiction and amount of work involved on a separate sheet.

20. Do you use a standard form of contract, agreement or letter of appointment? Yes No
If Yes, please attach a copy

21. Have you ever or do you have any plans to be involved with the Building Schools for the Future programme? Yes No
If Yes, please give full details on a separate page including details of whether the project is running to timescale and budget

22. Have you ever undertaken a contract which forms part of a PFI or PPP project? Yes No

If Yes, please give full details on a separate page including details of whether the project is running to timescale and budget

23. (a) Is the practices or any partner, director, member or principal whether presently or in the past been a member of a consortium, joint venture, single project partnership or group practice? Yes No

If Yes, please give full details (including names of contracts and approximate value of each).

Current Insurance Arrangements

IF YOU ARE CURRENTLY INSURED BY AWAC PLEASE PROCEED TO THE NEXT SECTION

24. Please state:

Name of Current Insurers	
Name of your Broker	
Renewal date	
Limit of Indemnity	
Premium	
Deductible	

Insurance Requirements

25. Do you require insurance for:

(a) Loss of Documents	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Dishonesty of Employees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Libel & slander	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(d) Breach of Copyright	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(e) Unintentional Breach of Confidence	Yes <input type="checkbox"/>	No <input type="checkbox"/>

26. For what limit/s of indemnity are quotations required?

£ 1,000,000 <input type="checkbox"/>	£ 2,000,000 <input type="checkbox"/>
£ 3,000,000 <input type="checkbox"/>	£ 4,000,000 <input type="checkbox"/>
£ 5,000,000 <input type="checkbox"/>	Other – Please specify <input style="width: 150px;" type="text"/>

27. Do you require reinstatement of the limit of indemnity should a claim arise which erodes the original limit of indemnity (You may only reinstate the limit of indemnity once) Yes No

Claims and Circumstances

26. a) After enquiry have any Professional Indemnity claims been made against the practice (s) and/or predecessors of the practice(s) and/ or your current and/or retired partner(s), director(s), or principal(s), either individually or otherwise, whether successful or not within the past ten years? Yes No

If Yes, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

26. b) After enquiry are any of the partners, directors, members or principals aware of any pending and/or circumstances which may give rise to a claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partner(s), director(s), member(s) or principal (s) Yes No

If Yes, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

27. Has any previous insurer ever:

(a) Declined proposal or renewal for the practice or any partner, director or principal? Yes No

(b) Cancelled insurance? Yes No

28. Is there anything else that you wish to bring to the Underwriters attention which was not asked in the proposal form Yes No

If Yes to any of the above, please give details

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SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

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

TO BE SIGNED BY A PERSON AUTHORISED BY THE COMPANY AS A PRINCIPAL PLUS A SENIOR MEMBER OF THE DESIGN AND CONSTRUCTING DEPARTMENT

SIGNATURE		DATE	
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NAME	
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POSITION	
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Allied World Assurance Company (Europe) Limited recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence)