



PROFESSIONAL INDEMNITY INSURANCE

This proposal must be answered in ink by a Partner or Director of the Firm.

All questions must be answered to enable a quotation to be given. The completion and signature of this Proposal does not bind the Proposer or Underwriters to complete a Contract of Insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this Form.

1.	(a) Name of Individual: (b) Name of Practice: (c) Name of any Previous Practice(s) Requiring Cover: (d) Is the Practice: A Sole Trader / A Partnership / Limited Company				
2.	Business address:		Mobile No: Fax No: Email: Tel. No:		
	Post code:				
3.	Profession/Business of Practice:				
4.	(a) Date of commencement of current Practice:		Month:	Year:	
	(b) Date of commencement of any former Practice(s):		Month:	Year:	
	(c) Reasons for cessation of former Practice(s):				
5.	(a) Names in full of all Partners/Principals/Directors	Date of birth	Qualifications in full	Date qualified	How long a Principal in this practice?
	(b) State whether Full Time: If not full time, state nature of any other employment:				
	(c) Are you a registered Architect? Yes/No				
	(d) If you are single handed, what arrangements have you made for someone else to run the practice in the event of sickness or holidays:				



6. Is cover required in respect of past work for any Partner/Principal who has left, retired or died? YES / NO

If YES, please give the following information:

Full Name	Qualifications	How long a Principal in this Practice?

7. Total numbers of:

(a) Partners/Principals (d) Trainee Staff

(b) Qualified Staff (e) Typists/Juniors

(c) Draughtsmen (f) Others

8. State for the whole practice:

Year	UK Contracts £	Overseas Contracts £
(a) Gross fees received for each of the last five financial years
.....
.....
.....
Practice Account Year ends (state month)
(b) Total Building Values certified during the past twelve months	£	£

NB. If the Practice has not been in operation for 12 months, this question to be answered on an ESTIMATED basis, by percentage or fees.

(c) Split of Gross Fees received in the past financial year	£	£
(i) Architectural Work .....	.....	.....
(ii) Town Planning/Feasibility Studies .....	.....	.....
(iii) Quantity Surveying .....	.....	.....
(iv) Structural Surveys/Inspection Reports/Valuations .....	.....	.....
(v) Estate Agency .....	.....	.....
(vi) Other work - specify details .....	.....	.....
(vii) Fees paid by you to independent specialist consultants (specify profession)	.....	.....
Total Gross Fees £		
(d) Estimated Gross Fees for the coming 12 months	£	

(e) What percentage of your fee income is derived from work that you have done on projects that have been aborted prior to commencement date? %

9.

NB. If the Practice has not been in operation for 12 months, this question to be answered on an ESTIMATED basis.

Please give the approximate percentages to these specified projects as a percentage of the total work which you have carried out during the past 12 months.

1. Government Department or Local Authority Contracts

- (a) Schools%
- (b) Universities.....%
- (c) Hospitals.....%
- (d) Housing.....%
- (e) Restoration/Rehabilitation.....%
- (f) Housing Association.....%
- (g) Factories.....%
- (h) Swimming Pools%
- (i) Leisure Centres.....%
- (j) Others%
(please specify)

2. Private Sector Contracts

- (a) Private Housing%
- (b) Industrial.....%
- (c) Churches/Cathedrals%
- (d) Restoration/Rehabilitation.....%
- (e) Factories%
- (f) Leisure Centres%
- (g) Landscape Architecture.....%
- (h) Other%
(please specify)

TOTAL 100 %

1 and 2 High Rise Contracts (10 storeys or more)%

Number of storeys in Highest Block completed during the past 10 years%

10. (a) Please state the 5 largest Contracts where construction has commenced during the past 6 years:

Starting Date	Description of Contract	Total Contract Value	Approx. Comp. Date
1.		£	
2.		£	
3.		£	
4.		£	
5.		£	

NB. If the Practice has not been in operation for 12 months, this question to be answered on an ESTIMATED basis.

(b) Please give details of largest Contracts where construction is due to commence in the next 12 months:

Starting Date	Description of Contract	Total Contract Value	Approx. Comp. Date
1.		£	
2.		£	
3.		£	
4.		£	
5.		£	

11. (a) Does the Practice undertake any work whatsoever where the 'end product' of such work is carried out Overseas? YES / NO

If 'YES', please give the following details:

Country	Starting Date	Description of Contract	Total Contract Value	Approx. Comp. Date

(b) Does the Practice work other than from its U.K. offices? YES / NO

(c) Does the Practice accept liability other than under the jurisdiction of the U.K. Courts? YES / NO

If the answer to (b) or (c) is 'YES', full details are required.
(ie. List the jurisdictions and amount of work there from etc.)

12. (a) Is the Practice or any Partner/Principal a member of a consortium or group practice or engaged with any other Practice or Person in a Single Project Partnership? YES / NO

If 'YES', give the names of other Members/Partners and their capacities in the consortium/ partnership.

N.B. Special arrangements must be made with Underwriters if cover is required for work done whilst as a member of a consortium. In such cases a copy of the consortium agreement will be required.

(b) Does this Practice or any Partner/Principal have any association with or financial interest in any other Practice, Company or Organisation? YES / NO

If 'YES', give details of the nature of the association, together with the name and business of the Third Party.

13. When independent or specialist consultants are required for any commission, have you in the past ensured and will you in the future, endeavour to ensure, that such consultants are appointed directly and paid by your Client?

(a) In the past YES / NO (b) In the future YES / NO

*Whenever a Client requires that you engage or employ consultant, you should ask for evidence of Professional Indemnity Insurance from them.

14. Has any Insurer ever:

(a) Declined a proposal or renewal for this Practice or any Partner/Principal? YES / NO

(b) Required an increased premium or imposed special terms? YES / NO

(c) Cancelled an Insurance? YES / NO

If any answer is 'YES', please give full details:

15. (a) Has this Practice been insured previously for Professional Indemnity? YES / NO

If 'YES', please give details of your present or last policy.
(Do not answer if this is a renewal with BDIB)

(i) Name or Insurers

(ii) Indemnity Limit £

(iii) Is this figure in respect of each and every claim? YES / NO

(iv) Excess £

(v) Expiry date

(vi) Premium £

(b) If the Practice has not been insured from its inception, advise date from which continuous cover has been effective to date
.....

(c) If a new Practice or previously uninsured, do you require retroactive cover for past work? YES / NO

If 'Yes', please confirm the date back to which you would like cover to apply.
.....

16. What amount of indemnity do you require quotation(s) for?

£

£

£

Is this figure in respect of each and every claim? YES / NO

17. What is the amount of the Excess which your firm would be prepared to carry in respect of each claim?

£ each and every claim

18. (a) Do you run this business from home? YES / NO

If "Yes", do you require a quotation for:

(i) Public Liability, including on site cover? YES / NO

(ii) Employers Liability? YES / NO

(b) If you do not work from home. Do you require an Office Insurance Quotation including on site cover for Public Liability? YES / NO

(c) For Limited Companies, do you require Directors and Officers Insurance? YES / NO

19. To the best of your knowledge and belief, have any claims or potential claims ever been made against the Practice or their predecessors in business or any of the present or former Partners? YES / NO

If 'YES', it is important that a **full** answer is given to this question, i.e. year, amount and brief details of nature of claim(s):

20. Are any of the Directors/Partners or employees **AFTER ENQUIRY**, aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm or its predecessors in business or any of its present or former Directors/Partners? YES / NO

If 'YES', give **full** details of circumstances, and amounts involved:

I/We declare that the statements and particulars in this 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 the facts occurring before completion of the Contract of Insurance.

Dated this..... day of..... 20

Signature of Partner or Principal

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS AND THE ORIGINAL RETURNED TO:

BUILDING DESIGN INSURANCE BUREAU*, 131-133 NEW LONDON ROAD, CHELMSFORD, CM2 0QZ.

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