

PROFESSIONAL INDEMNITY INSURANCE ARCHITECTS PROPOSAL FORM

Please ensure that all relevant sections of the proposal are completed leaving no blank spaces. Please complete form in ink, if you have insufficient space to complete any of your answers please use your headed paper. This form must be signed and dated by a Partner, Principal or Director of the Firm. If you have a brochure about your Firm's operations please forward it with this application

1. Name of firm:

2. Address (including branch offices):

Postcode: Telephone No.:

3. State Firm's Profession:

4. Date firm established/commenced business:

5. Give details below of any predecessor firm for which cover is required

6. Give details below of Partners/Directors (including details if sole principal)

	NAME IN FULL OF ALL PARTNERS/DIRECTORS	QUALIFICATION	DATE QUALIFIED	HOW LONG PARTNER/DIRECTOR IN THIS FIRM
(a)				

(b) If Sole Principal state whether Firm is full or part-time (if part-time state nature of full time employment)

Give details of the arrangement for office supervision when Proposer is absent

(c) Please state total number of:

QUALIFIED STAFF	SELF EMPLOYED/ CONTRACT HIRE	OTHERS	TOTAL

7. (a) Gross Fees received for each of the last five Financial Year Financial year end (State month)

	HOME BASED CONTRACT	FOREIGN BASED CONTRACTS
20		
20		
20		
20		
20		

(b) Estimated Gross Fees for the

	HOME BASED CONTRACT	FOREIGN BASED CONTRACTS
20		

8. (a) Total Building Values certified during the past 12 months

	HOME BASED CONTRACT	FOREIGN BASED CONTRACTS

(b) Split of Gross Fees received in the past financial year

	HOME BASED CONTRACT	FOREIGN BASED CONTRACTS
i. Architectural Work		
ii. Town planning/Feasibility Studies		
iii. Quantity Surveying		
iv. Structural Surveys/Inspection Reports/Valuation		
v. Other work-specify details		
TOTAL GROSS FEE		

(c) During past Financial Year

i. Gross Fees Paid to Consultants

(These amounts to be included in answer to (a) and (b) above)

9. Please give the following as a percentage of the Firm's total work during the past Financial Year

Where the Firm both designs and supervises/inspects construction	%
Where the Firm supervises/inspects construction from others designs	%
Where the Firm provides design, etc. but no supervision/inspection	%
Where the Firm acts as Project Manager/Co-ordinator	%

10. Please give details of any major new operations being undertaken during the next twelve months.

11. (a) Is the Firm or any Partner/Director a member of a Consortium or working in association with any other Firm or organisation? Yes No

If 'Yes', please supply full details including names of all members and details of Professional Indemnity cover carried by each of them.

(b) Is coverage required for such work? Yes No

If 'Yes', Insurers will require a copy of each Agreement

(c) Does the Firm engage in any construction, erection or supply of materials? Yes No

If 'Yes', give details

(d) Has any similar insurance for this Firm or any Partner/Director been declined, Cancelled or refused renewal? Yes No

If 'Yes', give details

12. Do you require coverage for replacing lost or damaged documents? Yes No

If 'Yes', state amount of cover required

13. What basis of Indemnity Limit do you require?

	AMOUNT OF INDEMNITY REQUIRED
(a) Total aggregate limit for the policy period covering all claims	
(b) Limit which is applicable to each and every claim	

14. Have any claims for professional negligence, error or omission or the like (successful or otherwise), been made against the Firm or its predecessors in business or any of the present and/or past Partners or Directors during the past 10 years? Yes No

If 'Yes', give details, including dates and potential amount involved using the proforma attached

15. Are any of the Partners/Directors, AFTER FULL ENQUIRY, aware of any CIRCUMSTANCES which may give rise to a claim for professional negligence, error or omission or the like, against this Firm or its predecessors in business or any of the present and/or past Partners or Directors? Yes No

If 'Yes', please give full details including dates and potential amounts involved using the proforma attached.

(PLEASE NOTE IT IS IMPERATIVE TO ANSWER THIS QUESTIONNAIRE CORRECTELY. FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN FUTURE).

I/We declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated 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 these facts occurring before completion of the Contract of Insurance.

For and on behalf of:

Signature of Partner/Director:

Date: