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**DESIGN AND CONSTRUCT PROPOSAL FORM**

**PROFESSIONAL INDEMNITY INSURANCE**



### IMPORTANT NOTICE

**This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.**

**All questions must be answered to enable a quotation to be given.**

**Completing and signing this proposal does not bind the Proposers or Underwriters to enter a contract of insurance.**

**If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).**

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax.

1) **NAME/S** (including trading names) of the Firm/s, use a separate sheet if necessary

Name	Date Commenced
<b>Website Address:</b>	
<b>Email Address:</b>	

2) Is cover required for predecessors to the Firm/s?

YES		NO	
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If **YES**, please provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

3)

Name in full of all Principals /Directors	Qualifications	Date Qualified	How long as a Principal with Firm

4) Is cover required for the previous business activities of any Principal?

YES		NO	
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If **YES**, please state:

Name of Principal			
Name of Previous Firm			
Period	From / / To / /	From / / To / /	From / / To / /
Fees for Last 3 Yrs	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?			

5) **PROFESSION/BUSINESS** of the Firm/s:

6) **ADDRESS/ES** of Firm/s

All addresses must be shown together with the Principal responsible for the work at each office:

Address	Principal in charge

7) **DO NOT ANSWER IF PROPOSAL IS FOR RENEWAL OF INSURANCE WITH HCC**

Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	

8) Is cover required for any past Partner or Principal?

YES	NO		
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If **YES**, please give:

Name	Qualifications	How long with Firm/s

9) Please state total numbers of:

Principals/Directors	Professionally qualified Architects, Engineers and Surveyors	Other technical or qualified staff	Others

10) Please state for each of the following, the approximate percentages of the total work carried out by the Design and Consulting department in the last financial year:

(a)

Architectural	%	Chemical Engineering	%
Civil Engineering	%	Soil Engineering	%
Structural Engineering	%	Nuclear Engineering	%
Mechanical Engineering	%	Surveying	%
Electrical Engineering	%	Others (please give details)	%
Heating & Ventilation Engineering	%		
<b>Total</b>			<b>100%</b>

(b)

	Design Only	Design and Construction	Construction without design
<b>Home Building</b>			
Individually Designed	%	%	%
Multiple Low Rise	%	%	%
Multiple High Rise	%	%	%
Modular (repetitive design)	%	%	%
<b>Public/Commercial Buildings</b>			
Hospitals	%	%	%
Schools/Universities	%	%	%
Offices/Retail/Warehouses	%	%	%
<b>Engineering Construction</b>			
Highways	%	%	%
Bridges/Tunnels/Dams	%	%	%
Harbours/Jetties	%	%	%
Sewage/Water Schemes	%	%	%
<b>Industrial</b>			
Power/Manufacturing Plants	%	%	%
Refineries/Petrochemical Installations	%	%	%
Mechanical Plant/Bulk Handling Equipment	%	%	%
Industrial Building Systems	%	%	%
<b>All other</b> (please give details)			
	%	%	%
	%	%	%
	%	%	%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

(c) Please provide details of any substantial changes and major new projects being undertaken during the next 12 months:

11) Please state the Firm's total gross turnover for each of the last 5 completed financial years:

Year ending	UK Contracts	Overseas Contracts
/ /		
/ /		
/ /		
/ /		
/ /		

12) (a) Please break your turnover down as follows:

	Last Financial Year		Current Financial Year Est.	
	Home	Overseas	Home	Overseas
(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				
<b>Total</b>				

(b) If no turnover is declared in (i), (ii), (iii) or (iv) above, have you ever undertaken such work in the past?

YES		NO	
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If yes please provide full details and explain where the relevant turnover has been declared in Question 12:

(c) Do you employ Self Employed Independent Contractors?

YES	NO	
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If **YES** (i) Do you require that they are indemnified under your own arrangements?

YES	NO	
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(ii) Do you require that they maintain their own Professional Indemnity cover for the work that they do for you?

YES	NO	
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**13)** Please give details of your 5 **largest** contracts where construction has commenced during the last five years.

Start Date	Approx Completion Date	Firm's Contract Value	Total Contract Value	Description of services performed
1				
2				
3				
4				
5				

**14)** Please provide more details of the work undertaken in the past 3 years:

Please note 'own project value' refers to the total value of the proposer's proportion of the total project (not just the fee element)

(a) **Civil Engineering**

(i) Average total single project value of jobs undertaken in last 3 years:

£

(ii) Highest total single project value of an individual job in last 3 years:

£

(iii) Highest own single project value of an individual job in last 3 years:

£



(b) **Structural Engineering**

(i) Average total single project value of jobs undertaken in last 3 years:

£
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(ii) Highest total single project value of an individual job in last 3 years:

£
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(iii) Highest own single project value of an individual job in last 3 years:

£
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(c) **Building Services Engineering**

(i) Average total single project value of jobs undertaken in last 3 years:

£
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(ii) Highest total single project value of an individual job in last 3 years:

£
---

(iii) Highest own single project value of an individual job in last 3 years:

£
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(d) **Architecture**

(i) Average total single project value of jobs undertaken in last 3 years:

£
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(ii) Highest total single project value of an individual job in last 3 years:

£
---

(iii) Highest own single project value of an individual job in last 3 years:

£
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(e) **Other**

Please state:

(i) Average total single project value of jobs undertaken in last 3 years:

£
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(ii) Highest total single project value of an individual job in last 3 years:

£
---

(iii) Highest own single project value of an individual job in last 3 years:

£
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15) Does the turnover declared in 12(vi) relate to any advisory or design services?

YES	NO
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If **YES**, please provide full details, including the approximate turnover involved:

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16) Are all contracts in writing?

YES		NO	
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If **NO**, please explain the circumstances in which you would not have written contract:

17) If a client changes the specification during a course of a job, do you always confirm the change to a client in writing explaining that it was the client's decision and whether following, or against your advice, as appropriate?

YES		NO	
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If **NO**, please explain the circumstances in which you would not confirm a change in writing:

18) Do you engage in, or are you responsible for the manufacture or fabrication of any pre-engineered unit?

YES		NO	
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If **YES**, please provide full details and explain where the relevant turnover has been declared in Question 12:

19) Do you ensure that any consultants for which you are responsible have a professional indemnity policy in force?

YES		NO	
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20) Do you have a formal quality assurance or control programme in force?

YES		NO	
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If **YES**, please provide full details.

21) (a) Does any client or contract represent more than 50% of your annual work?

YES		NO	
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(b) Have you ever failed to complete a project?

YES		NO	
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If **YES**, to either please provide full details:

22) Does the work carried out consist of well established techniques?

YES		NO	
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If **NO**, please provide with full details:

23) (a) Is the Firm/s or has the Firm/s been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

YES		NO	
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If **YES**, please give full details (including names of other parties) **special arrangements must be made to cover this type of work**

(b) Does the Firm/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

YES	NO	
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If **YES**, give full details of the nature of the association together with the **name** and **business** of the third party.

**24)** For what Limit/s of Indemnity are quotations required?

There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?

**25)** (a) In respect of **ANY** of the risks to which this proposal relates has any claim been made (whether successful or not) against the Firm or any past or present Principal?

YES	NO	
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Has any loss been suffered by the Firm, any predecessor or any past or present Principal in respect of **ANY** of the risks to which this proposal relates?

YES	NO	
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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

(b) What steps have been taken to prevent a recurrence?

**26)** Is any Principal, **AFTER FULL ENQUIRY**, aware of:

(i) any circumstance which might give rise to a claim against the Firm, any predecessor or any past or present Principal? 

YES	NO	
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(ii) any circumstance which might cause any loss to the Firm, any predecessor or any past or present Principal? 

YES	NO	
-----	----	--

(iii) any matter which might otherwise affect the consideration of this proposal for insurance? 

YES	NO	
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If **YES**, to any of the above, please give details:

**27)** Has any proposal for similar insurance made on behalf of the Firm or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Firm ever been declined or has any such insurance ever been cancelled or renewal refused? 

YES	NO	
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If **YES**, please give details:

**Please read this paragraph carefully before signing the declaration:**

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

**DECLARATION**

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. HCC International Insurance Company PLC may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform HCC International Insurance Company PLC in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact HCC International Insurance Company PLC.

**Signature of Principal:****Date:**

A copy of this proposal should be retained by you for your own records.

**All questions must be answered fully, and those questions not relevant to you should be marked N/A.**

**If there is insufficient space, please provide details on your letterhead.**

**PLEASE USE THIS FOR ANY ADDITIONAL INFORMATION**