



# PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR ARCHITECTS

## INSTRUCTIONS

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.

## QUESTION ONE

Practice name (please include all names under which you practice)

## QUESTION TWO

Date business established

## QUESTION THREE

Main office address

  
  
  

Postcode

Main office telephone number

Main office fax number

Contact e-mail address

Practice website

If more than one office exists, is there a senior Partner/Director/Member at each office to oversee operations?

Yes

No

If 'No', please provide a C.V. of the person overseeing the office.

PLEASE LIST ON A SEPARATE SHEET ALL BRANCH OFFICES INCLUDING ADDRESSES FOR WHICH YOU ARE SEEKING COVER.

## QUESTION FOUR

Please advise the following (including details of sole practitioner).

Name of all Partners/Directors/Members	Age	Qualifications	Date Qualified	How long as Partner / Director / Member of the Firm(s)

Name of all Consultants	Age	Qualifications	Date Qualified	How long as Consultant of the Firm(s)

**QUESTION FIVE**

Please advise number of permanent staff (excluding Partners/Directors/Members)

(a) Total number of Staff  (b) Professionally Qualified  (c) Draughtsmen / Assistants

**QUESTION SIX**

Is cover required for any Partner / Director / Member in respect of his/her liability arising from any previous business? If 'Yes', please advise Yes  No

For which Partners / Directors / Members	Title of previous business	Date left Business	Limit of Indemnity required if less than that of current firm

**QUESTION SEVEN**

State gross fees received for the following categories

	Last Financial Year	Previous Financial Year	Estimate for Current Year
United Kingdom	£	£	£
USA./Canada	£	£	£
Elsewhere	£	£	£
<b>Total</b>	£	£	£

Please state financial year end date

State Largest total fees from any one client or group for the following years

	Last Financial Year	Previous Financial Year	Estimate for Current Year
Fees	£	£	£

## QUESTION EIGHT

Gross fees received in past financial year. (If practice is newly established, state estimated fees for the forthcoming year).

	United Kingdom	USA or Canada	Elsewhere
(a) Architectural Work	£	£	£
(b) Town Planning	£	£	£
(c) Feasibility Studies	£	£	£
(d) Landscape / Garden Architecture	£	£	£
(e) Quantity Surveying	£	£	£
(f) Residential Structural Surveys / Inspection Reports / Valuations	£	£	£
(g) Interior Design (Structural)	£	£	£
(h) Commercial Structural Surveys / Inspection Reports / Valuations	£	£	£
(i) Interior Design (Non Structural)	£	£	£
(j) Project Co-Ordination	£	£	£
(k) Project Management	£	£	£
(l) Building Surveying	£	£	£
(m) Planning Supervisory Work	£	£	£
(n) Expert Witness Work	£	£	£
(o) Other Work – specify details below	£	£	£
(p) Fees paid to independent consultants	£	£	£
<b>Total Fees for entire Company / Firm</b>	£	£	£

If you have stated fees under '(o)', please give details of the work undertaken

## QUESTION NINE

Where you have declared NIL fees in answer to any parts of Question 8, has your Company/Firm worked in any of these areas in the last 5 years?

Yes

No

If 'Yes', please give full details of the work undertaken

## QUESTION TEN

(a) Structural Surveys Reports and Valuations. Please specify number undertaken in the past year of:

(i) Residential Structural Surveys	<input type="text"/>	(iv) Building Society / Lending Institution Reports	<input type="text"/>
(ii) Commercial Structural Surveys	<input type="text"/>	(v) Major Structural Defects Reports	<input type="text"/>
(iii) Partial Reports / Inspections	<input type="text"/>	(vi) Other (please specify below)	<input type="text"/>
<input type="text"/>			

(b) Structural Surveys Reports and Valuations. Please specify amount of largest valuation in the last 3 years for:

			Residential		Commercial			Residential		Commercial
(i) Single Property	UK	£	<input type="text"/>	£	<input type="text"/>	Elsewhere	£	<input type="text"/>	£	<input type="text"/>
(ii) Portfolio	UK	£	<input type="text"/>	£	<input type="text"/>	Elsewhere	£	<input type="text"/>	£	<input type="text"/>

## QUESTION ELEVEN

Please give the approximate percentage applicable to the following projects in relation to the Firm's total work carried out during the past 12 months.

(i) Hotels and Leisure Centres	<input type="text"/>	(v) Housing Associations	<input type="text"/>
(ii) Hospitals (provide details)	<input type="text"/>	(vi) Clean Air Environments	<input type="text"/>
(iii) Retail / Supermarkets	<input type="text"/>	(vi) Other (if over 10% please specify)	<input type="text"/>
(iv) Multiple Housing	<input type="text"/>	<input type="text"/>	

## QUESTION TWELVE

State the 3 largest contracts where construction has commenced during the past 5 years

Starting date and estimated completion date	Description of contract and location (Hotel, Factory etc.)	Total contract value	Company's/Firm's contract value	State professional services provided
1 to				
2 to				
3 to				

State the 3 largest contracts where construction is expected to commence in the next 12 months

Starting date and estimated completion date	Description of contract and location (Hotel, Factory etc.)	Total contract value	Company's/Firm's contract value	State professional services provided
1 to				
2 to				
3 to				

Proportion of work where Company/Firm both design and undertake limited or full supervision

Are all independent sub-consultants engaged by the Company/Firm required to have and maintain professional indemnity insurance adequate to cover the liabilities connected with their professional duties?

Yes  No

### QUESTION THIRTEEN

Does the Company/Firm plan any radical change in the type of work sought or changes in well established techniques in the next 12 months? If 'Yes', please give details

Yes  No

### QUESTION FOURTEEN

(a) Does the Company/Firm or any Partner/Director/Member act on behalf of or undertake work for any firm company or organisation in which the Company/Firm or any Partner/Director/Member has a financial interest?

Yes  No

If 'Yes', please give details and details of the fees earned from such work

(b) Does any other firm, company or organisation have a financial interest in the Company / Firm?

Yes  No

If 'Yes', please give details of any work carried out and fees earned.

(c) Do you operate under any formal terms of engagement with the Company in (b)?

Yes  No

(d) Is cover required under this insurance for this inter company work?

Yes  No

### QUESTION FIFTEEN

Does the Company/Firm or any Partner/Director/Member have any association with or financial interest in any other firm, company or organisation (other than as shareholders / stockholders in a publicly quoted company)?

Yes  No

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

### QUESTION SIXTEEN

Does the Company/Firm or any Company/Firm mentioned in Question 14 and/or 15 undertake any contract which involves:

(i) Manufacture, construction, erection or installation? (insert Yes / No)

ii) Supply of materials, plant good or equipment? (insert Yes / No)

If 'Yes', to either (i) or (ii) please give full details

### QUESTION SEVENTEEN

Is the Company/Firm or any Partner/Director/Member a member of a consortium or joint venture?

Yes  No

If 'Yes', please give the names of other members/partners and their capacities in venture

**NB.** Special arrangements must be made with insurers if coverage is required for work done whilst a member of a consortium or joint venture. In such cases a copy of the consortium / joint venture agreement will be required

## QUESTION EIGHTEEN

Is the Company/Firm accredited to or in the process of becoming accredited to BS EN 900 Quality Systems or subject to any external quality assessment? Yes  No

If 'Yes', please provide details

## QUESTION NINETEEN

Who in the Company/Firm is responsible for quality procedures?

What internal procedures do you have in force in relation to quality?

How often are working procedures reviewed to ensure their continuing suitability and what form does the review take?

## QUESTION TWENTY

Please provide details of the procedures in place for confirming a client's instructions?

What records are kept of:

(a) The original contract and subsequent amendments

(b) On-site visits

(c) Telephone conversations involving instructions/advice

## QUESTION TWENTY ONE

(a) Does the Company/Firm always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any Employee, Member, Director, Partner or Principal responsible for money accounts or goods? Yes  No

(b) Has the Company/Firm suffered any loss or identified any potential loss during the past five years through fraud or dishonesty of any Employee, Member, Director or Principal? Yes  No

If 'Yes', state date, circumstances, amount and steps taken to prevent recurrence.

**QUESTION TWENTY TWO**

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.

Have all claims been notified to Insurers? Yes  No

What measures have been taken to prevent a recurrence of the situation which gave rise to any claim?

**QUESTION TWENTY THREE**

Are any of the Partners/Directors/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/Members? Yes  No

If 'Yes', give full details of circumstances and amounts involved.

**QUESTION TWENTY FOUR**

In respect of professional indemnity insurance, has any insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? Yes  No

If 'Yes', please give details

**QUESTION TWENTY FIVE**

Please give details of the firm's current professional indemnity cover

**DO NOT COMPLETE THIS QUESTION IF YOU ARE ALREADY A CLIENT OF SBJ PROFESSIONAL**

Limit of Indemnity	Excess	Premium	Name of Insurer	Renewal Date
£	£	£		

Please advise your requirements

Option 1

Option 2

Option 3

Limit of Indemnity	£	£	£
Excess	£	£	£

## CONFIRMATION

### Disclosure of Material Facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

I declare that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

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

## THIS FORM MUST BE SIGNED BY A PRINCIPAL OF THE FIRM

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Position: \_\_\_\_\_

Please return this Application Form along with any other supplementary information sheets to the address detailed below:-

SBJ Professional | Castlemead | Lower Castle Street | Bristol | BS1 3AG  
T: 0117 929 3344 | F: 0117 925 1594 | E: enquiry@sbj-pi.com | W: www.sbj-pi.com

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