



PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM FOR ENGINEERS

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

Please give a brief description of the Company/Firm's activities (e.g. Civil; Structural; Electrical and Mechanical etc.)

QUESTION SEVEN

Is cover required for any Partner, Director or Member in respect of his/her liability arising from any previous business? If 'Yes', please advise

Yes

No

For which Partner / Director / Member	Title of previous business	Date Partner left Business	Limit of Indemnity required if less than that of current firm

QUESTION EIGHT

State gross fees received for the following categories

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

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 NINE

Is cover required for work sub-contracted? If 'Yes', please advise

Yes

No

Name	Qualifications	Fees Paid (last financial year)	Does Sub-consultant have their own cover?

QUESTION TEN

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.

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
1. (a) Civil			
(b) Structural			
(c) Soil Analysis / Testing			
(d) Mechanical			
(e) Electrical			
(f) Heating and Ventilation			
(g) Process / Plant			
(h) Machinery / Equipment			
(i) Mining			
(j) Any other work			
2. Architectural			
Total Fees for entire Company / Firm	£	£	£

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

QUESTION ELEVEN

Does the Company/Firm engage in any of the following types of work?

Yes No

If 'Yes', please insert approximate percentage of Gross Fees derived during the past 12 months

(a) Bridges / Flyovers / Tunnels / Dams / Mines	<input type="text"/>
(b) Harbours / Jetties / Sea Defences	<input type="text"/>
(c) Airports	<input type="text"/>
(d) Bulk Handling Equipment / Hoppers / Silos / Mechanical Plant	<input type="text"/>
(e) Chemicals / Petro Chemicals / Oil Refineries	<input type="text"/>
(f) Nuclear / Atomic Projects	<input type="text"/>
(g) Sewerage / Water Schemes	<input type="text"/>
(h) Industrial Waste Treatment	<input type="text"/>

QUESTION TWELVE

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

Starting Date and Est 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				
4 to				
5 to				

State the 5 largest contracts where construction is expected to commence in the next 12 months

Starting Date and Est 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				
4 to				
5 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

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.

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 13 and/or 14 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

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

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

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

QUESTION NINETEEN

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? 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

Are any of the Partners, Directors 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? Yes No

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

QUESTION TWENTY ONE

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 TWO

Please give details of the firm's current Professional Indemnity Insurance.

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

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.

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.

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.

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