# PROFESSIONAL INDEMNITY – ARCHITECT PROPOSAL

The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind the Underwriters to give insurance. Any information given will only be passed to Underwriters for the purpose of quotation and will be treated as confidential.

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| **Proposer details** | | | |
| Proposer Name / Business Name:  (this is the ‘insured’ name to appear on the policy) |  | Contact name: |  |
| Address: |  | Postcode: |  |
| Telephone: |  | Mobile: |  |
| Email: |  | Establishment date: |  |

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| **Full description of business activities** |
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| **Full Names of directors / partners / principals & consultants** | | **Age** | | **Qualifications** | | **Date** |
|  | |  | |  | |  |
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| **How many employees are there?** | |  | | | | |
| **Gross fees received last financial year and estimate for forthcoming year:** | | **Last year:** | | **Forthcoming year:** | | |
| UK | |  | |  | | |
| USA or Canada | |  | |  | | |
| Elsewhere, excluding USA/Canada | |  | |  | | |
| Total | | **0.00** | | **0.00** | | |

**Are all overseas contracts subject to UK law?** YES  NO  N/A  If NO, please give details on a separate sheet

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Past 5 years’ largest contracts / If start-up, provide expected contract sizes and value** | | | | |
| Starting Date | Client | Description of Contract | Contract Value | Your Fees |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

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| --- | --- | --- |
| **Please give the gross fees received in the past financial year, or estimates for new practice** | | |
|  | U.K. | Overseas |
| Architectural | **£** | **£** |
| Town Planning | **£** | **£** |
| Feasibility Studies | **£** | **£** |
| Structural Surveys | **£** | **£** |
| Quantity Surveying | **£** | **£** |
| Valuations | **£** | **£** |
| Others - 'Description' - | **£** | **£** |
| **TOTAL GROSS FEES** | **£0.00** | **£****0.00** |

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| **Please give the approximate percentage of work carried out in/on the following areas or project types:** | | |
|  | U.K. | Overseas |
| Schools | **%** | **%** |
| Universities | **%** | **%** |
| Government Department | **%** | **%** |
| Hospitals | **%** | **%** |
| CDM Planning Supervision | **%** | **%** |
| Local Authority | **%** | **%** |
| Housing | **%** | **%** |
| Restoration | **%** | **%** |
| Private Housing | **%** | **%** |
| Industrial | **%** | **%** |
| Churches / Cathedrals | **%** | **%** |
| High rise contracts | **%** | **%** |
| 10 storey or more | **%** | **%** |
| 10 storey or more where cladding installed | **%** | **%** |
| Basement Work – new build properties | **%** | **%** |
| Basement Work – existing structures | **%** | **%** |
| Others - 'Description' - | **%** | **%** |
| TOTAL | **0%** | **0%** |

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| **What are the 3 highest buildings in metres in which you have had involvement in the last 6 years?** | | | | |
| Date / Height | Name/Client | Your role/responsibilities | Contract Value | Your Fees |
| 1.      / |  |  |  |  |
| 2.      / |  |  |  |  |
| 3.      / |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **Please provide details of any projects undertaken that involve work on basements or swimming pools** | | | | |
| Starting Date | Client | Description of Contract | Contract Value | Your Fees |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

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| Please provide details of your role/responsibilities and whether the basement was added at new build stage or whether added to an existing property. Were independent structural engineers & waterproofing experts instructed? If so, were they appointed by you or by your client? |

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| INSPECTION OF CONSTRUCTION |  |
|  | Percentage |
| **Proportion of work where firm both designs and inspects the actual construction** | **%** |
| **Proportion of work where firm provides technical inspection of construction for the design made by other firms** | **%** |
| **Proportion of work where firm provides design services but not inspection of construction** | **%** |

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| **Do you offer Project Management, ie appointments made on behalf of client:** | YES  NO |
| **Do you offer Project Co-ordination, ie client makes appointments but you direct and co-ordinate project:** | YES  NO |

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| **Have any claims for professional negligence, error or omission (successful or otherwise) been made against the Practice or its present and/or past Partners?** | YES  NO |
| **Are any of the Partners/Principals/Employees, AFTER ENQUIRY aware of any CIRCUMSTANCES which may give rise to a claim against this Practice or their predecessors in business or any of the present or former Partners/Principals:** | YES  NO |
| **Has any Insurer ever declined proposal or renewal for this Practice or any Partner/Principal, required an increased premium, imposed special terms or cancelled an insurance?** | YES  NO |
| If YES to any of the above, please give full details, including amounts, on a separate sheet | |

**CVs of directors / partners / principals are always useful. Please send these, if possible, along with your completed proposal form**

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| **If you have previously been insured for professional indemnity, please give details** | | | | | | | | | |
| Name of Insurers: |  | | | | | Premium | |  | |
| Indemnity Limit: |  | Excess | |  | | Date of expiry of coverage | |  | |
| **What is the amount of indemnity you require?** | | | **£** | | **What excess are you prepared to pay?** | | | | **£** |
| **Would you also like a quotation for Public and Employers Liability Insurance?** | | | | | | | YES  NO | | |

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| **Other material information** |
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## Declaration

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. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'John Heath (UK) Ltd Limited' to seek terms on my/our behalf from Insurers including current Insurer's if any.

Signed: Date: