

## Professional Indemnity for Architects

### Proposer Details

1. a. Name(s) of Firm(s):

Name	Date commenced

Website address

1. b. Address(es) – all addresses must be shown together with the Principal in charge of each location:

Address	Principal in charge

1. c. Please give the following details for all Partners/Directors/Principals of the Firm(s):

Name	Qualifications	Date qualified	Age	How long as a Partner/Director/Principal

1. d. Is Cover required for any past Partner or Principal?

yes  no

If 'yes' please provide full details:

Name	Qualification	How long with Proposer/s

1. e. Is Cover required for the previous business activities of any Principal?

yes  no

Name of Principal												
Name of previous Firm												
Period	From	To	From	To	From	To						
Fees for last 3 years	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?												

2. Please state total number of:

Principals/Directors	<input type="text"/>	Trained Staff	<input type="text"/>
Qualified Staff	<input type="text"/>	Draftsman	<input type="text"/>
Other	<input type="text"/>		

3. a. Please provide a full description of all your activities:


Please provide a brochure if available.

3. b. Please state gross fees (£) in the columns provided for the last 5 complete financial years.

Year end	/	/	/	/	/
UK work					
USA/Canada					
Other overseas					
Total					
Financial year end date	<input type="text"/>				

3. c. What was the largest fee received from a single client during the last complete financial year?

3. d. What is the average fee received for the last complete financial year?

4. a. Gross fees earned in the past 12 months from the following work:

	UK	Overseas
Architectural – New Build Stages C-L	£	£
Architectural – Non Structural Refurbishment Stages C-L	£	£
Town Planning	£	£
Feasibility Studies	£	£
Architectural Consultancy	£	£
Interior Design	£	£
CDM	£	£
Planning Supervision	£	£
Quantity Surveying	£	£
Building Surveying	£	£
Purchase or Lending Valuations	£	£
Fees Paid to Sub-Consultants	£	£
Abortive Work	£	£
Other	£	£
<b>Total</b>	£	£

4. b. Do you anticipate any major changes in these activities in the forthcoming 12 months?    yes     no

If 'yes' please give full details:


4. c. Where work is sub-contracted please provide the following:

Are sub-contractors required to carry professional indemnity insurance?

yes  no

Do you get an indemnity from sub-contractors, in writing?

yes  no

If 'yes', to what limits?

£

d. Do you require any sub-contractor/s to be indemnified under your insurance arrangements?

yes  no

If 'yes' please state:

Name	Qualifications	Fees paid (last Financial Year)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. If there are activities in question 4a. where you have declared no fees for the current year, have you at any time in the past 3 years provided these activities?

yes  no

If 'yes' please provide the following details:

Services provided	Years end <input type="text"/> / <input type="text"/>	Years end <input type="text"/> / <input type="text"/>	Years end <input type="text"/> / <input type="text"/>
	Fees received	Fees received	Fees received
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

6. a. Please approximate percentages applicable to the total gross fees for the last complete financial year:

Public Sector Schools or Universities	<input type="text"/> %	Housing Associations/Co-operatives	<input type="text"/> %
Private Sector Schools or Universities	<input type="text"/> %	Churches and Cathedrals	<input type="text"/> %
Public Sector Hospitals	<input type="text"/> %	Industrial	<input type="text"/> %
Private Sector Hospitals	<input type="text"/> %	Retail	<input type="text"/> %
Other Healthcare	<input type="text"/> %	Leisure – Sports and Amusement	<input type="text"/> %
Individual Housing	<input type="text"/> %	Government Departments	<input type="text"/> %
Multiple Housing	<input type="text"/> %	Other	<input type="text"/> %

6. b. Number of Storeys in the highest block completed during the last 10 years:

If over 10 storeys please give details:

<input type="text"/>
<input type="text"/>
<input type="text"/>

6. c. Have you ever been involved in contracts involving the specification, recommendation and/or installation of expanded polystyrene and polyurethane core based sandwich panels (EPS Panels)?

yes  no

If 'yes' please provide full details:

Client	Nature of client's business	Where were the EPS panels specified for, recommended or installed
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. a. Please give details of the 5 largest contracts in the last 5 Financial Years.

Client	Start date	Services provided by you	Total Contract Value	Fee	Approximate Completion Date

7. b. Please give details of the 3 largest contracts that are due to commence in the next 12 months:

Client	Start date	Services provided by you	Total Contract Value	Fee	Approximate Completion Date

7. c. In respect of all contracts undertaken in the last 5 years have you been asked to undertake any unusual or innovative design projects?      yes       no

If 'yes' please provide full details:

Name of Client	Services provided by you	Nature of end product	Total Contract Value

8. Have you at any time undertaken any work where the 'end product' is situated outside the United Kingdom?      yes       no

If 'yes' please give the following details:

Country	Start date	Description	Total Contract Value	Approximate Completion Date	Services provided

9. Do you use a standard form of contract, agreement or letter of appointment?      yes       no

If 'yes' please attach a copy.

10. a. Is the Firm or any Partner or Principal a member of a Consortium or Joint Venture?      yes       no

If 'yes' please give the following details:

Name	Capacity	Details of job

10. b. Does the Firm or any Partner/Principal/Director act on behalf of, or undertake work for any Firm, Company or Organisation in which this Firm or any Partner/Principal/Director has a financial interest?      yes       no

c. Does any Partner/Principal/Director perform an executive role on behalf of any such Firm, Company or Organisation?      yes       no

If 'yes' to a. or b. please provide details:


10 d. Is such other Firm, Company or Organisation associated with any process of manufacture, construction or any form of contracting or supply? yes  no

If 'yes' please provide details:


11. a. Has the Firm(s) sustained any loss through the fraud or dishonesty of any person? yes  no

If 'yes' please provide details:


11. b. Is the Firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present Partner, Director or Employee? yes  no

If 'yes' please give details and state the precautions taken to prevent reoccurrence:


11. c. Does the Firm(s) always require satisfactory references or only when engaging senior employees? Always  Senior appointments only

Nature of reference:

Written

Verbal

11. d. Is any employee allowed to sign cheques on his/her signature alone for values exceeding £25,000? yes  no

If 'yes' please provide details:


12. Has any insurer ever cancelled, declined, refused to renew or required an increased rate or special conditions in respect of your own or your predecessor(s)'s firm(s)'s insurance? yes  no

If 'yes' please give full details:


13. Do you currently buy professional indemnity Insurance? yes  no

If 'yes' please provide the following details:

Renewal Date

Limit of Indemnity

Excess

Premium

Current Insurer


14. Please specify:

a. The limit(s) of indemnity you require quotations for:

£	£	£	£	£
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b. Please state the excess you are prepared to carry:

£	£	£	£	£
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15. Have any claims, whether successful or not been made against the Firm(s) or their predecessors in business or any of the present or former Partners, Principals or Directors?      yes       no
16. Is any Partner, Principal, Director or employee after inquiry, aware of any circumstance or occurrences which may give rise to a claim against the Firm(s) or their predecessors in business or any of the present or former Partners, Principals or Directors?      yes       no

If 'yes' to question 15 or 16 please provide full details:


**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.

Signature of Principal

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Date

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