

Professional Indemnity for Design and Construct

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 Predecessor practices to the Proposer(s)?

yes no

If 'yes' please provide full details:

Name of Predecessor	Date commenced	Date ceased	Reason for cessation

2. Please state total number of:

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

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

Please provide a brochure if available.

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

Year end	/	/	/	/	/
UK work					
USA/Canada					
Other overseas					
Total					

4. a. Please break down the figures of the last completed as well as the current financial year under the headings below and split these between income derived from work which relates to projects constructed domestically and those constructed in the regions stated above. (The purpose of this question is to enable CNA Insurance Limited to ascertain the extent of your professional fees.)

	Last completed financial year		Current financial year (anticipated)	
	Domestic	Overseas	Domestic	Overseas
A. Turnover where the company/firm designs and constructs from their own design and provides full technical supervision				
B. Fees where the company/firm provides designs and technical supervision but is not involved in construction				
C. Fees where the company/firm provides project management or supervision of construction services only				
D. Turnover where the company/firm constructs from other's designs performed on behalf of the company/firm				
E. Turnover where the company/firm constructs from other's design and other's technical supervision, performed on behalf of the company/firm				
F. Other turnover not mentioned above where the proposer has no responsibility for design services				

4. b. If any Design work is sub-contracted (as detailed in question 4) do you ensure that Professional Indemnity Insurance is carried by the sub-consultants? yes no

5. a. Please give an approximate percentage split of the disciplines within your Design and Consulting Department (even if such work is sub-contracted):

Civil Engineering	%	Architectural: New Build Refurbishment	%
Structural Engineering	%	Town Planning	%
Mechanical Engineering	%	Feasibility Studies	%
Electrical Engineering	%	Architectural Consultancy	%
Heating and Ventilation Engineering	%	Interior Design	%
Soil and Foundations	%	CDM	%
Nuclear Engineering	%	Planning Supervision	%
Quantity Surveying	%	Purchase or Lending Valuations	%
Building Surveying	%	Other (if more than 10% please provide details)	%

Other:

5. b. Please indicate as a percentage of total work the extent of the following activities:

	Design and Construct (per Q4 A,D,E & F)	Consultancy (per Q4 B&C)
<i>Home Building</i>		
Individual Dwellings	%	%
Low Rise Multiple Dwellings	%	%
High Rise Multiple Dwellings please state max no. of Storeys <input type="text"/>	%	%
Modular Dwellings (i.e. involving repetitive design)	%	%
<i>Engineering Construction</i>		
Highways	%	%
Bridges, Tunnels and Dams	%	%
Railways, Airports, Harbours and Jetties	%	%
Sewage and Water Schemes	%	%
<i>Industrial</i>		
Power Plants, Manufacturing Plants	%	%
Refineries and Petro Chemical Installations	%	%
Mechanical Plants and Handling Equipment	%	%
Industrial Building Systems	%	%
<i>Amenities</i>		
Hospitals and Nursing Homes	%	%
Schools and Universities	%	%
Hotels and Recreation Centres	%	%
MOD	%	%
Offices	%	%
Airports	%	%
Retail	%	%
Other Government	%	%
	100%	100%

6. a. There are activities in question 5a. 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:

	Years end <input type="text"/> / <input type="text"/>	Years end <input type="text"/> / <input type="text"/>	Years end <input type="text"/> / <input type="text"/>
<i>Services provided</i>	<i>Fees received</i>	<i>Fees received</i>	<i>Fees received</i>
<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. b. Do you engage in the manufacture or fabrication or any pre-engineered unit? yes no

If 'yes' please provide details:

7. a. Please give details of the 3 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. 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:

9. 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	

10. 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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11. 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
12. 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 11 or 12 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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www.cnaeurope.com

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Telephone 020 7522 6700 Fax 020 7548 5930 VAT registration number 245813851
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Authorised and Regulated by the Financial Services Authority (number 202777)