

Professional Indemnity Insurance Proposal Form

Name of Insured/Proposer	
Business Name	
Address	
Postcode:	
Telephone number	
Email Address	
Web address	

Full description of your business activities

Date business established:

What date does your financial year end?

Number of: Directors/Partners

Qualified Staff

Others

Do you engage consultants or sub-contractors?

Yes

No

If Yes, please give details of the nature of activities undertaken by such consultants or sub-contractors:

Do you ensure that the consultant or sub-contractor

i) Has Appropriate Qualifications

Yes

No

ii) Maintains Professional Indemnity Insurance?

Yes

No

Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes

No

Has any Partner, Principal, Director or Employee been subject to disciplinary proceedings by any Association or Professional Body?

Yes

No

Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business?

Yes

No

Are you aware, after full enquiry, of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business?

Yes

No

Are you involved in:

A) The manufacture or fabrication of any pre-engineered units?

Yes

No

B) The Cladding, Curtain Walling or Glazing Trades?

C) Projects involving buildings over 20m in height?

If you have marked ANY of the above grey boxes, please provide details on a separate sheet or at the end of this proposal

Please answer all questions fully and if you have a brochure, C.V. or any other information concerning your business please attach it to this proposal form. Please return this form to The Expert Insurance Group, Horsted Square, Bellrook Business Park, Uckfield, East Sussex, TN22 1QG, Fax 01825 761 479 or email enquiries@piexpert.email

Professional Indemnity Insurance Proposal Form

The Firm's Current Insurance Renewal Date

Limit Indemnity Required

Excess

Premium

Please list the firm's three largest contracts undertaken in the last three years

Location and Type of Service Provided	Contract Value	Your Fee	Date Commenced	Approximate Completion Date

Give details of your fees/income derived from clients based in:

	20.....	20.....	Previous Financial Years	Last Financial Year	Coming Financial Year
Year	20.....	20.....	20.....	20.....	20.....
Gross Fees	£	£	£	£	£
Fee Breakdown – percentage split					
UK	%	%	%	%	%
Europe	%	%	%	%	%
USA/Canada	%	%	%	%	%
Rest of World	%	%	%	%	%
Fee Size	£	£	£	£	£
Average per Client	£	£	£	£	£
Largest per Client	£	£	£	£	£

Please confirm the approximate division of each discipline undertaken during the last complete financial year:

Architectural Planning Only	%	Interior Design	%	Landscape	%
Architectural Full Services	%	Drafting	%	Refurbishment	%
Town Planning	%	Planning Supervision	%	Civil Engineering	%
Feasibility Studies	%	Mechanical Engineering	%	Structural Engineering	%
Nuclear or Chemical Engineering	%	Soil Engineering (including Foundation/Underpinning Work)	%	Clerk of Works	%
Electrical, HVAC Engineering	%	Project Management / Co-ordination	%	Structural Surveys and Valuations	%
Quantity Surveying	%	Other Work (please specify)	%	Other Work (please specify)	%

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Please confirm the approximate division of each discipline undertaken during the last complete financial year:

Sewerage/Water Schemes	%	Mechanical and Bulk Handling Plant	%	Retail Facilities	%
Industrial Facilities	%	Harbors Jetties Sea Defences	%	Educational Facilities	%
Offshore Installations/Marine	%	Sports and Leisure Facilities	%	Bridges/Tunnels/Dams /Mines	%
Swimming Pools	%	Chemical/Oil/Nuclear Facilities	%	Medical Facilities	%
Housing Under 3 Storeys	%	Roads/Highways	%	Office Facilities	%
Housing Over 3 Storeys	%	Basements	%	Swimming Pools	%
Cladding	%	Other Work (please specify)	%	Other Work (please specify)	%

Please Provide Details of Principals / Partners / Directors

Name	Date of Birth	Qualifications	No. of Years Experience

Please advise if you are a member of the ARB, RIBA or any other regulatory organisation:

Additional Material Information:

(A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor)

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated 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 whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

Signature of Principal/Partner/Director

Dated

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Cladding & Facade Questionnaire

1. Do you undertake surveys on building over 18m?		YES		NO	
If Yes, please give details					
2. Do you manage any properties over 18m?		YES		NO	
If Yes, please give details					
3. Do you undertake external wall fire reviews / EWS-1 forms?		YES		NO	
If YES, please confirm annual fees from these activities for -					
- last year:	£				
- current year:	£				
- estimated for next year:	£				
4 (a) Have you been involved in any projects where any type of cladding, façade system or curtain walling has been used?		YES		NO	
(b) Do you expect to be involved with any projects where cladding, façade systems or curtain walling will be used?		YES		NO	
<i>If NO to both 4a and 4b, there is no need to answer any further questions, If YES to either 4a or 4b, please continue</i>					
5. Are all materials used compliant with current building regulations?		YES		NO	
6. On the following sheet, please give details of all the cladding / façade / curtain walling contracts you have been involved with in the last 6 years or expect to be in the next 12 months, continuing on a separate sheet if necessary:					
<ul style="list-style-type: none"> - Over £2 million contract value &/or - On a building over 18 metres high &/or - On a building over 5 storeys high &/or - Involving ACM/P (aluminium composite materials/panels), HPL (high pressure laminates) or involving any cladding system with a fire rating of less than A2 					

Cladding & Facade Questionnaire

Contract Details & Dates	Services Provided	Total Contract Value	Own Contract Value & Fee	Building Height	No. of Storeys	Type of Cladding including fire rating	Building Use	Were you responsible for the selection, specification, approval, testing, certifying or design of cladding or design of fixings?
								YES/NO If YES, was this subcontracted out? YES/NO
								YES/NO If YES, was this subcontracted out? YES/NO
								YES/NO If YES, was this subcontracted out? YES/NO
								YES/NO If YES, was this subcontracted out? YES/NO
								YES/NO If YES, was this subcontracted out? YES/NO
								YES/NO If YES, was this subcontracted out? YES/NO
								YES/NO If YES, was this subcontracted out? YES/NO
								YES/NO If YES, was this subcontracted out? YES/NO

Name:

Position:

Signature:

Date: