



ENGINEERS PROFESSIONAL INDEMNITY PROPOSAL FORM

This is a fillable PDF form. Please download or open the file directly in [Adobe Reader](#) to complete it electronically. Please type in your answers in the fields you wish to complete and save a copy for your records

If you choose to submit the form with an Electronic Signature, this locks all fields which means that neither you or any other person opening the form can alter your answers. Alternatively, print the form, "wet" sign and date it and scan/fax/post return.

We can provide quotations without the form being signed.

**NOTE: MICROSOFT'S PDF READER PACKAGED WITH
WINDOWS 10 WILL NOT WORK CORRECTLY**

1) Please provide full trading names of all **Firms** to be insured under this arrangement (**You/Your**):

Name(s)	Date Established

2) Please provide **Your** website address:

3) Please provide all addresses:

4) If cover is required for **Your** previous business (predecessor practices), please provide full details below:

Name(s)	Start Date	End Date	Reason for winding up/leaving

5) If any of the **Principals** require cover for any previous professional business activity not covered elsewhere, please provide details below:

Name of Principal to be covered						
Name of previous Firm						
Period at previous Firm	From:		From:		From:	
	To:		To:		To:	
Fees for last 3 years of trading	Year	Total	Year	Total	Year	Total
Position held at previous Firm						
Reason for leaving						

6) Do **You** have any association with or financial interest in any other **Firm**?

Yes No

If YES, please provide full details below of the nature of the association and the name and business of the third party:

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7) Please supply details of all **Principals**:

Name	Age	Qualifications	Date Qualified	Date of Engagement

8) Please supply details of total numbers of staff:

Principals	Qualified Staff	Unqualified Staff	Others

9) Has any **Principal** ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body?

Yes No

If YES, please provide full details below:

10) Please provide full details if any **Principal** has been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily:

11) Please provide details of **Your** current Professional Indemnity insurance arrangements below:

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
If You currently have Professional Indemnity coverage in force, please advise the retroactive date, if any:	
Date	

12) Please provide a breakdown of turnover/fees generated:

Year End Date (month applicable)

Year End						N/Y Estimate
Work in UK						
Work in EU						
Work in USA/Canada						
Work elsewhere						
Total						

13) Please provide a breakdown of Your activities and percentage of income generated for each discipline:	
Civil	%
Structural	%
Soil/Foundation	%
Mechanical (not processing engineering)	%
Electrical	%
Heating/Ventilating/Air Conditioning	%
Architectural	%
Town Planning/Feasibility Studies	%
Process Engineering	%
Chemical	%
Nuclear	%
Other (please provide full details below)	%
Total	%

14) Please provide a breakdown of contract types and percentage of income generated from each in the last complete financial year:	
Commercial Schemes	%
Retail Works	%
Industrial Works	%
Churches/Cathedrals	%
Private Sector Individual Houses	%
Private Sector Housing (including Housing Associations)	%
Public Sector Hospitals	%
Private Sector Hospitals	%
Public Sector Education	%
Private Sector Education	%
Bridges/Tunnels/Dams	%
Other works (please provide full details below)	%
Total:	%

15) Have you at any time undertaken work in any of the following disciplines? If YES, please provide details below:

Clean Rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Nuclear/Atomic Projects	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amusement Rides	<input type="checkbox"/> Yes <input type="checkbox"/> No	Railways	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bridges/Tunnels/Mines	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Schemes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical/Petro-Chemical/Oil Plants & Refineries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bulk Handling Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dams/Harbours/Jetties/Sea Defences	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cladding/Roofing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facade/Glazing Design	<input type="checkbox"/> Yes <input type="checkbox"/> No	High Rise properties (over six storeys)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Industrial Waste Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Landfill Sites	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marine Engineering	<input type="checkbox"/> Yes <input type="checkbox"/> No	Offshore Installations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Airports/Aircraft	<input type="checkbox"/> Yes <input type="checkbox"/> No	Highways/Flyovers	<input type="checkbox"/> Yes <input type="checkbox"/> No

16) Do **You** anticipate professional activities/services provided will change over the forthcoming twelve months? If YES, please give full details below:

Yes No

17) Are **You** involved in the process of manufacturing, construction, alteration, repair, installation, sale or supply of products, other than in pure design or consultancy capacity? If YES, please give full details below:

Yes No

18) Do **You** engage the services of sub-contractors?

Yes No

If YES, please provide answers to the following, otherwise skip to the next question.

What percentage of fees/turnover was paid to sub-contractors during the last financial year? %

Do **You** always require **Your** sub-contractors to hold their own Professional Indemnity coverage and verify that it is in force? Yes No

If YES, please confirm the minimum limit **You** require them to maintain:

£

19) Please provide details of **Your** 5 largest contracts that have been completed in the past 6 years:

Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Estimated Completion Date
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	

20) Please provide details of **Your** 5 largest contracts currently in hand.

Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Estimated CompletionDate
			£	£	
			£	£	
			£	£	
			£	£	
			£	£	

21) What is the average single value of all contracts performed over the last 12 months?

£

22) Have **You** at all times used written agreements for each contract undertaken which clearly outline the services to be provided, and **You** confirm all changes to the specifications or agreed deliverables in writing, explaining the cost changes and other implications?

Yes No

If **You** have answered NO please detail below what procedures are undertaken to ensure that any revised specifications/deliverables are agreed and understood by all parties.

23) Are all current projects on time and within budget and all projects completed within the last 2 years been completed on time and within the agreed budget?

Yes No

If NO, please give full details below.

24) Do **You** undertake any projects where construction is outside the United Kingdom?

Yes No

If YES, please provide details of 3 largest projects below:

Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Est. Completion Date
				£	£	
				£	£	
				£	£	

25) Have **You** at any time entered into a contract that is subject to the law of countries other than the United Kingdom? If YES, please give full details below. Yes No

Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Est. Completion Date
				£	£	
				£	£	
				£	£	

26) Have **You** ever entered into contracts on behalf of clients? Yes No

If YES is written sign off for the contract terms always obtained from **Your** client prior to doing so? Yes No

27) Please select the Limit of Liability **You** require quotations for.

	<input type="checkbox"/>		<input type="checkbox"/>
£500,000	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
Other Limit of Liability			

28) What Level of Excess do **You** require?

29) Has any claim been made or loss suffered by **You**, whether insured or not, in respect of any of the risks to which this proposal for insurance relates? If YES, please provide details below: Yes No

Date of Claim/loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve
		£		£
		£		£
		£		£
		£		£
		£		£

30) Are You aware of any of the following?	
Any circumstances which might lead to a claim against You , whether insured or not, in respect of any of the risks to which this proposal for insurance relates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any matter which might otherwise affect the consideration of this proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any application for similar insurance made on Your behalf or on behalf of any past or present Principal ever been declined, refused renewal, cancelled or accepted only on special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the above, please provide full details here:	

Fair Presentation of Risk in Accordance with the Insurance Act 2015

The Partner, Principal or Director of the Firm/Company, must make a fair presentation of the risk to us - in accordance with Section 3 of the Insurance Act 2015. Such fair representation must be reasonably clear and accessible, each representation of fact substantially correct, and every material representation of expectation or belief, made in good faith. In this regard, fair presentation covers `every material circumstance which the Partner, Principal or Director of the Firm/Company knows (or ought to know) generally, including any of the Senior Management. For the sake of completeness, this also includes any information held within the Firm / Company's organisation. If any subsidiaries, affiliates or other parties are to be insured under this application, we expect that the relevant information has been sourced and provided herein.

For the purposes of this Fair Presentation the Senior Management means, in accordance with the Insurance Act 2015: those individuals that play significant roles in the making of decisions about how the Insured's activities / services / clients are to be managed. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its `Senior Management' and those persons responsible for the Insured's insurances. I / we the undersigned, agree that this submission together with any additional detail supplied, represents a fair presentation of the risk known to the Senior Management of the Firm/Company noted below.

A copy of this proposal should be retained by you for your own records

Short Form Privacy Notice

In order for us and the insurers to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have. In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim. The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors. More information about our use of personal data is set out in our Privacy Notice on our website, www.privacy-notice.co.uk We recommend that you review this notice

Name of Principal Signing this form:

Signature of Principal:

Date: