



Professional Indemnity

Proposal Form Architects



ARCHITECTS

1. Your business

Title of practice(s):

Profession(s)/business(es) of practice:

Date of commencement of current practice:

Date of commencement and cessation of former practice(s):

Reasons for cessation of former practice(s):

Address(es) of practice(s):

(All addresses must be shown together with the resident partner or principal responsible for the work at each office)

Post code:	Partner/principal: Telephone no: Fax: Email: Website:
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Post code:	Partner/principal: Telephone no: Fax: Email: Website:
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2. You and/or your partners principals and directors

Please list below your details and those of any partners, principals or directors of the practice:

Name	Qualifications	Date qualified	Years in the practice

3. Other employees

Total number of staff (excluding partners, principals and directors):

State for the whole practice, the fees rendered for each of the last three financial years:
(excluding VAT disbursements, recharged expenses and fees paid to independent consultants)

4. Your turnover

Year	UK Contracts	Overseas Contracts
a.		
b.		
c.		

Date of financial year end:

Split of fees rendered as declared in answer to question 4. If this proposal form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year.

5. Your business activity

	UK contracts	Overseas contracts
Architectural work (excluding abandoned works)		
a) New build		
i) housing	<input type="text"/> %	<input type="text"/> %
ii) other contracts		
a. contracts under £3,000,000	<input type="text"/> %	<input type="text"/> %
b. contracts over £3,000,000	<input type="text"/> %	<input type="text"/> %
b) Restoration/rehabilitation		
i) housing	<input type="text"/> %	<input type="text"/> %
ii) other contracts		
a. contracts under £3,000,000	<input type="text"/> %	<input type="text"/> %
b. contracts over £3,000,000	<input type="text"/> %	<input type="text"/> %
Town planning/landscape architecture feasibility studies	<input type="text"/> %	<input type="text"/> %
Works abandoned prior to construction	<input type="text"/> %	<input type="text"/> %
Quantity surveying	<input type="text"/> %	<input type="text"/> %
Interior design	<input type="text"/> %	<input type="text"/> %
Drafting services	<input type="text"/> %	<input type="text"/> %
Project management	<input type="text"/> %	<input type="text"/> %
Planning supervisor CDM regulations	<input type="text"/> %	<input type="text"/> %
Building surveying/inspection reports	<input type="text"/> %	<input type="text"/> %
Structural surveys/valuations	<input type="text"/> %	<input type="text"/> %
Other work (please specify)	<input type="text"/> %	<input type="text"/> %
<input type="text"/>		



Fees paid by you to independent specialist consultants (specify profession)

UK contracts	Overseas contracts
£	£

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Total building values certified during last financial year:

During the last financial year (estimate if new start-up)

Largest fee from any one client	Average fee from any one client
£	£

For any overseas work please state county and jurisdiction applying:

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Do you undertake any Engineering? YES NO
If YES please advise fees and nature e.g. civil / structural.

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Please give the approximate percentage of fees rendered in the last financial year for architectural work (excluding abandoned work) where the main contract interest is:

a) Housing	%
b) Retail/shops/offices	%
c) Factory/industrial	%
d) Pubs/restaurants/hotels	%
e) Leisure/sport and amusement	%
f) Schools/hospitals/municipal buildings	%
g) Garages	%
h) Roads	%
i) Other (if over 10% please specify)	%

Please advise the following as an approximate percentage of the practice's total fees rendered for the architectural/project management work:

a) Where the practice provides design and inspection services	%
b) Where the practice provides design but no inspection services	%
c) Where the practice provides a technical inspection service from the designs of other firms	%
d) Where the practice acts as project or contract manager in addition to providing a design and inspection service	%
e) Where the practice acts solely as project or contract manager	%



If structural survey/valuation work undertaken, please advise for the last three years numbers on:

a) Residential

- i) full structural survey
- ii) partial survey (house buyers report)
- iii) building society reports (mortgages)
- iv) maximum value
- v) average size of valuation

b) Commercial surveys/valuations

- i) maximum single valuation size
- ii) largest portfolio size
- iii) average size of valuation
- iv) average size of portfolio

Please state the five largest contracts where construction has commenced during the past six years:

Starting date	Description of contract (e.g. hotel, factory)	Total contract value	Your contract value	Approx. date of practical completion

Please give details of contracts where construction is expected to commence in the next 12 months:

Starting date	Description of contract (e.g. hotel, factory)	Total contract value	Your contract value	Approx. date of practical completion



Collegiate
UNDERWRITING

Does this practice undertake any work whatsoever where 'end product' of such work is carried out outside the United Kingdom? YES NO

If Yes, please give the following details:

a)

Country	Starting date	Description of contract	Total contract value	Approx. completion date	State professional services provided

b) Does the practice work other than from its UK offices? YES NO

c) Does the practice enter into contracts where the jurisdiction is other than UK courts? YES NO

If the answer to b) or c) is Yes, please give full details:

Is the practice or any partner/principal a member of a consortium or group practice or engaged with any other practice or person in a single project partnership? YES NO

If Yes, please give names of other members/partners and their capacities in the consortium/partnership:

N.B. special arrangements must be made with underwriters if coverage is required for work done whilst as a member of a consortium. In such cases a copy of the consortium agreement will be required.

Does the practice or any partner/principal have any association with or financial interest in any other practice, company or organisation? YES NO

If Yes, please give full details of the nature of the association together with the name and business of the other firm:



Has the firm ever under taken work relating to:

Nuclear or atomic projects / chemical / petro-chemical / power plant or refineries? YES NO

Bridges / tunnels / mines / dams / harbours / jetties / airports or railways? YES NO

Land remediation or contaminated land work including work on any land known to have been previously contaminated? YES NO

Government / public services work including PFI or PPI contracts? YES NO

Swimming pools? YES NO

Does the firm employ any innovative or unusual construction techniques? YES NO

Golf courses YES NO

If the answer to any of the above if YES please provide additional information.

6. Current insurance

Have you ever bought Professional Indemnity Insurance in the past? YES NO

If YES, please provide details:

Name of Insurer	Limit of Indemnity	Excess	Premium	Renewal date	No. of years continuously held

Please advise the limit of Indemnity now required together with your preferred excess.

Option	Limit	Excess
A	£	£
B	£	£



You must complete this section.

In relation to your professional business activities, are you after reasonable enquiry aware of: Any shortcoming in your work which may lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right.
- A complaint about your work or anything you have supplied which cannot be immediately resolved.
- An escalating level of complaint on a particular project.

YES NO

A client withholding payment due to you after any complaint.

YES NO

Any loss from the dishonesty or malice of any employee or self-employed freelancer.

YES NO

Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer.

YES NO

Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee.

YES NO

If you answered YES to any of the above, please provide full details:

Have you or any of your partners or directors at any time either personally or in any business capacity:

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt?
2. been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgement debt?

YES NO

YES NO

If the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)?

YES NO

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

YES NO

If YES, please provide details:

Date	Details



DECLARATION

You must complete this section.

Please read the declaration carefully and sign at the bottom.

MATERIAL INFORMATION

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

DATA PROTECTION

By signing this Proposal Form you consent to Collegiate Management Services Limited using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

DECLARATION

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Collegiate Management Services Limited to avoid this insurance.

I/We agree that this proposal form and all other written information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

Name _____
(in capitals)

A copy of this proposal should be retained for your records.