



# Professional Indemnity

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## Proposal Form

### Design and Construct



### DESIGN AND CONSTRUCT

If the answer to any question requires additional information, please ensure that this information is attached to the form. No quotation will be given unless all required details are provided.

#### Your Business

1. Name of all companies/firms to be insured:

Name	Date established

2. Contact details

Address:	Contact Name:	
	Telephone:	Fax:
Post code:	Email:	Website:

#### Your Business Activity

3. Please describe fully the activities you undertake:

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4. Please provide details of the five largest contracts (in terms of total project value) undertaken in the last five years where you had responsibility for design or other professional services:

Start and end date	Client	Your contract value	Total contract value	Description of your activities

If you anticipate any additions or alterations to these activities please provide details on a separate sheet.



5. Please provide details of the three largest contracts (in terms of total project value) expected to commence in the next 12 months where you have responsibility for design or other professional services:

Start and end date	Client	Your contract value	Total contract value	Description of your activities

6. Have you undertaken contracts involving any of the following in the last five years?

- a) Manufacturing Plant YES  NO
- b) Power Plant YES  NO
- c) Sewerage\* & Water Systems\* YES  NO
- d) Petrochemicals & Refineries /Nuclear / Atomic YES  NO
- e) Roads\*, Bridges, Tunnels & Dams YES  NO
- f) Harbours & Jetties YES  NO
- g) Mines & Associated Works YES  NO
- h) Demolition YES  NO
- i) Foundations / piling YES  NO
- j) Structural steelwork (where you have some responsibility for design) YES  NO
- k) The Installation of Syphonic Drainage Systems YES  NO

\*other than as part of the infrastructure for a development where you are also constructing the buildings.

If any of the answers to a)-k) above is YES, please provide full details on a separate sheet.

- 7. Do you carry out work outside the UK? YES  NO
- 8. Have you ever undertaken a contract as a member of a consortium or joint venture? YES  NO
- 9. Have you ever undertaken a contract which forms part of a PFI or PPP project? YES  NO
- 10. Do you ever accept liability for professionals appointed by others by way of novation or other legal agreement? YES  NO



11. have you ever been involved in Roofing / cladding? YES  NO

If the answer to questions 7-11 is YES, please provide full details on a separate sheet.

12. Do all your contracts involve well-established techniques and practices? YES  NO

13. Do you now, and have you in the past, always ensured that any third parties appointed by you, on your behalf, or whose appointment is novated to you, who undertake \*design (as defined in question 14), hold, and continue to maintain, Professional Indemnity insurance with a limit of Indemnity at least equal to that held by you? YES  NO

If the answer to questions 12-13 is NO, please provide full details on a separate sheet.

**Partners and Directors**

14.

Name	Qualifications	No. of years experience

**Your Turnover**

15. Please state your turnover split into the following categories:

Your Financial Year End (mm/yy) ____/____	Previous Year	Last Year	Current Year (estimate)
<b>Turnover</b>	£	£	£
a. % of total where you carry out construction / installation and you are responsible for the design* and the design* is undertaken by your own partners, directors or employees.	%	%	%
b. % of total turnover where you carry out the construction / installation and you are responsible for the design* and the design* is undertaken by third parties appointed by you, on your behalf, or whose appointment is novated to you.	%	%	%
c. % of total turnover where you carry out the construction / installation but have no responsibility for any aspect of the design* i.e. you work to designs* provided by your clients or main contractor with no input from you at all	%	%	%
d. All other turnover. Please provide full details of the activities undertaken in the box below.	%	%	%

\*Design means any design or specification, feasibility study, technical information calculation or survey carried out in relation to a contract.

If income is disclosed at 15.a. please provide a copy of the C.V. for each partner/ director / employee who undertakes design or other professional activities, together with a full description of the actual activities they undertake.



**Fees Paid**

16. Please state fees paid to third parties appointed to you to undertake design or other professional services during the last year split into the following disciplines:

	Proportion of turnover where the firm has responsibility for the design element or appointing other professionals to undertake the design in relation to:	Proportion of turnover where the firm has no responsibility for design (contingent work)
Architectural	%	%
Structural Engineering	%	%
Heating & Ventilation Engineering	%	%
Electrical Engineering	%	%
Mechanical Engineering	%	%
Civil Engineering	%	%
Soil Engineering	%	%
General construction costs	%	%
Other, please specify	%	%

Is the above split typical of the figures for the last five years?  
If NO, please give details on a separate sheet.

YES  NO

**Current Insurance**

17. Please provide details of your current PI cover

Name of Insurer	Limit of indemnity	Excess	Premium	Renewal Date	No. of years continuously held

**Limit of Indemnity**

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

Option	Limit	Excess
A	£	£
B	£	£



In relation to your professional business activities, are you after reasonable enquiry aware of:

Any shortcoming in your work which is likely to lead to a claim against you.

This includes:

- A shortcoming known to you which you cannot reasonably put right. YES  NO
- A complaint about your work or anything you have supplied which cannot be immediately resolved. YES  NO
- 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

Have you or any of your partners or directors either personally or in any business capacity been declared bankrupt or insolvent or made arrangements with creditors? YES  NO

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

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

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under this insurance (whether previously insured or not)? YES  NO

If "YES" please provide full details below:

Date	Details	Amount	Remedial Action

Please continue on a separate sheet if necessary.

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.**