



# Professional Indemnity

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## Proposal Form

Engineers



### ENGINEERS

**Your business**

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

Name	Date established

2. Contact details:

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

3. Please describe fully the activities you undertake:

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4. Please provide name(s) in full of partners/directors of firm/company and any employee carrying out professional work:

Name	Qualifications	Date qualified	No. of years in this capacity with the firm/company

5. Please state your fees (excluding VAT, disbursements, recharged expenses and fees paid to independent consultants) received for the past two financial years. If a new firm/company state projected fee income.

Previous year	Last year	Current year (estimate)	Month of financial year end
£	£	£	

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

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



**Sub-contractors**

6. Do you pay fees to independent sub-contractors/  
sub-consultants?

YES  NO

If YES, please specify profession and amounts:

Profession	Amount
	£
	£

Do you ensure that such sub-contractors/sub-consultants  
carry and maintain Professional Indemnity Insurance?

YES  NO

**Contracts**

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

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

8. Please provide details of the two 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:

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

9. Please give an approximate percentage split of the disciplines in which you are involved:

Electrical engineering  %

Heating ventilating and air conditioning engineering  %

Mechanical engineering  %

a) building services (excluding lifts)  %

b) process control/production line work  %

c) other (please describe)  %



Civil engineering	<input type="text"/>	%
Structural engineering	<input type="text"/>	%
Soil engineering	<input type="text"/>	%
Architectural	<input type="text"/>	%
Project management	<input type="text"/>	%
Project co-ordination	<input type="text"/>	%
Foundations/underpinning	<input type="text"/>	%
Feasibility studies/expert witness work Important: - Please state which discipline this work related to	<input type="text"/>	%
Other - please provide full details	<input type="text"/>	%

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

Manufacturing plant	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Power plant	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Roads, bridges, tunnels and dams	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Petrochemical / chemical / refineries	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Harbours / jetties/ airports / railways	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mines and associated works	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Housing/commercial schemes above three floors	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Swimming pools	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Nuclear / atomic	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Design of pre-stressed or reinforced concrete	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Design of structural steelwork	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Air conditioning for "clean rooms"	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If the answer to any part of question 10 is YES, please provide full details on a separate sheet.



11. Is more than 10% of your income generated from: YES  NO   
 a) soil engineering / water & sewerage / foundations /  
 underpinning / project management work

b) roads / highways / bridges / tunnels / dams / harbours /  
 airports / jetties or railways YES  NO

12. Do you undertake any contract which involves supply of any  
 goods, materials, plant or equipment? YES  NO

13. Do you carry out work outside of the UK? YES  NO

14. Have you ever undertaken a contract which forms part of  
 a PFI or PPP project? YES  NO

15. Have you ever undertaken a contract as a member of a  
 consortium or joint venture? YES  NO

**If any answer for questions 11 - 15 is YES, please provide full details on a separate sheet.**

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

17. Do you act purely as a professional consultant, not  
 undertaking any construction work? YES  NO

**If NO to questions 16 or 17, please provide details on a separate sheet.**

18. If you have or are planning to undertake overseas work please state which countries  
 including applicable jurisdiction together with your fees for this work and a brief description  
 of the contract.

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19. Please provide details of your current PI cover

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?

YES  NO

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 judgment debt?

YES  NO

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

3. 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

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

YES  NO

If the answer to 3. and/or 4. above is YES, please give full details below:

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.**