



Architects PI Property

Proposal Form

IMPORTANT:

In this proposal:

- **You / Your** refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.
- **Firm** means any business whether a sole trader, partnership or company, limited in liability or otherwise.
- **Principal** means any Director, Partner, Member or Sole Trader.
- Answers should relate to all work for which cover is required - past, present and future.
- **You MUST** complete all sections of this Proposal Form. The Proposal Form must be signed and dated once completed.
- This Proposal Form is for a contract of insurance and **You**, the proposer, must disclose all material facts relevant to this application for Professional Indemnity Insurance and other covers.
- All material facts must be disclosed truthfully, to the best of **Your** knowledge and belief at the time of disclosure. **You** must also disclose any changes to the facts disclosed that occur prior to commencement of insurance. The information provided in this Proposal Form, together with any other information given, will be used by underwriters in their assessment of this application.
- Failure to disclose all relevant material facts whilst making this application may lead to the invalidation of any insurance effected, and ultimately result in avoidance of the insurance or non-payment of any claim made.
- Full details for coverage provided can be found in our Policy Wordings and Summaries, which are available on request.

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

| Name(s) | Date Established |
|---------|------------------|
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2) Please provide website address:

www:

3) Please provide all addresses:

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4) If cover is required for **Your** previous businesses (predecessor practices), provide 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: To: | From: To: | From: To: |
| Fees for last 3 years of trading | \$ \$ \$ | \$ \$ \$ | \$ \$ \$ |
| Position held at previous Firm | | | |
| Reason for leaving | | | |

6) Do **You** have any association with or financial interest in any other Firm? If YES, give full details below of the nature of the association, with the name and business of the third party.

YES

NO

| |
|--|
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| 7) Please supply details of all Principals : | | | | |
|---|-----|----------------|----------------|--------------------|
| Name | Age | Qualifications | Date Qualified | Date of engagement |
| | | | | |
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| 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? If YES, please provide full details. | YES | NO |
|---|-----|----|
| | | |

| 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 | | | | | Last full financial year | Current financial year estimate |
| Work in Canada | \$ | \$ | \$ | \$ | \$ | \$ |
| Work in USA | \$ | \$ | \$ | \$ | \$ | \$ |
| Work elsewhere | \$ | \$ | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ | \$ | \$ |

| | |
|--|-------------|
| 13) Please provide a breakdown of activities and percentage of income generated for each discipline (must equal 100%). | |
| Architctural work (excluding non-structural refurbishment) | % |
| Non-structural refurbishment | % |
| Town Planning / Feasibility Studies | % |
| Architectural Consultancy | % |
| Interior Design | % |
| Landscape Design | % |
| Quantity Surveying | % |
| Other (please provide full details below) | % |
| | |
| Total | 100% |

| | |
|--|-------------|
| 14) Please provide a breakdown of contract types described below, and percentage of income generated for each (must equal 100%). | |
| Commercial Schemes | % |
| Retail Works | % |
| Industrial Works | % |
| Churches/Cathedrals | % |
| Private Sector Individual Houses | % |
| Private Sector Housing Schemes | % |
| Public Sector Housing (inc Housing Associations) | % |
| Public Sector Hospitals | % |
| Private Sector Hospitals | % |
| Public Sector Education | % |
| Private Sector Education | % |
| Bridges/Tunnels/Dams | % |
| Other works (please provide details) | % |
| | |
| Total | 100% |

| | |
|---|---|
| 15) What percentage of Your income in the past financial year derived from aborted work? | % |
|---|---|

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|---|-----|----|
| 16) Do You anticipate professional activities/services provided will change over the forthcoming twelve months? If YES, give full details below. | YES | NO |
| | | |

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| 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, 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 last 6 years. | | | | | |
|---|------------|---------------------|----------------------|--------------------------|----------------------|
| Client | Start Date | Description of Work | Total Contract Value | Your Contract Value /Fee | Est. Completion Date |
| | | | | | |
| | | | | | |
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| 20) Please provide details of Your 5 largest contracts currently in hand. | | | | | |
|--|------------|---------------------|----------------------|--------------------------|----------------------|
| Client | Start Date | Description of Work | Total Contract Value | Your Contract Value /Fee | Est. Completion Date |
| | | | | | |
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| 21) What is the average single project value of all contracts performed over the last 12 months? | \$ |
|--|----|

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| 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 specification or agreed deliverables in writing, explaining the cost changes and other implications?. | YES | NO |
| If You have answered NO to the above, please detail below what procedures are undertaken to ensure that any revised specification/deliverables are agreed and understood by all parties: | | |
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| 24) Are all current projects on time and within budget and have all projects completed within the last 2 years been completed on time and within the agreed budget? If NO, please give full details below. | YES | NO |
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| 25) Do You undertake any projects where construction is outside Canada? | YES | NO |
|--|-----|----|

| If YES please provide details of the 3 largest projects below: | | | | | |
|--|------------|---------------------|----------------------|--------------------------|----------------------|
| Country | Start Date | Description of Work | Total Contract Value | Your Contract Value /Fee | Est. Completion Date |
| | | | | | |
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| 26) Have You at any time entered into a contract that is subject to the laws of countries outside Canada? | YES | NO |
|--|-----|----|

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| 27) Does the company ever enter 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 |

| | | | |
|--|--|-------------|--|
| 28) Please select the Limits of Liability You require quotations for: | | | |
| \$250,000 | | \$2,000,000 | |
| \$500,000 | | \$3,000,000 | |
| \$1,000,000 | | \$5,000,000 | |
| Other Limit of Liability | | | |

| | |
|---|----|
| 29) What level of excess do You require? | \$ |
|---|----|

| | | |
|---|-----|----|
| 30) 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 |
|--------------------|-----------------------|-------------|--------------|---------------------|
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| 31) 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? | YES | NO |
| Any matter which might otherwise affect the consideration of this proposal? | YES | 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? | YES | NO |
| If the answer to any of the above is YES, please provide full details below: | | |

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| DECLARATION | |
| <p>I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected.</p> <p>If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.</p> <p>I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Agile Underwriting Solutions may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act.</p> <p>If you do not wish these details to be used for marketing please inform Agile Underwriting Solutions in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact Agile Underwriting Solutions.</p> | |
| Signature of Principal: | |
| Date: | |

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