

Construction E & O Application

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require extra space to complete the answers to questions contained within this application form, please continue your response on an additional sheet of paper.

Company Details

1. Insured Company: _____
2. Contact Name: _____
3. Address: _____
4. Telephone: _____ Fax: _____
5. Website: _____ Email: _____
6. Please state when your company was established: _____
7. a. How many principals / partners / directors are there in the Company? _____

b. Please state the details of all principals / partners / directors:

Name	Years in Position	Years Experience	Qualifications

c. Please state the number of employees:

Professional:	
Other:	

8. a. Please state your fees received in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic revenue:			
USA revenue:			
Other territory revenue:			
Total revenue:			

Profit / (Loss):			
------------------	--	--	--

Date of company financial year end: _____ Currency: _____

b. Please state your revenue split into the following categories:

	Previous Year	Last Year	Current Year (estimate)
Revenue	\$	\$	\$
a. % of total where you carry out construction / installation and you are responsible for the design* and the design* is under taken by your own principals, partners, directors, or employees.	%	%	%
b. % of total revenue 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 revenue. Please provide full details of the activities undertaken in the area below.	%	%	%

Activities

9. Please briefly describe below the nature of your business activities (If you have a brochure, or company literature, please attach to this form): _____

10. Please provide a full breakdown of your total revenue by activity (The total of all activities listed here should equal 100%)

- | | | | |
|--|--------|--------------------------------|--------|
| Heating / Ventilating / Air Conditioning Engineering | _____% | Marine Engineering | _____% |
| Electrical Engineering | _____% | Environmental Engineering | _____% |
| Mechanical Engineering (not processing engineering) | _____% | Architectural | _____% |
| Structural Engineering | _____% | Project Management | _____% |
| Civil Engineering | _____% | Project Co-ordination | _____% |
| Soil Engineering | _____% | Chemical / Process Engineering | _____% |

11. Please advise the percentage of your revenue received in the following areas of work (total should equal 100%):

Domestic Buildings up to 4 stories:	_____ %	Tunnels:	_____ %
Commercial Buildings up to 4 stories:	_____ %	Marine Structures:	_____ %
Domestic Buildings over 4 stories:	_____ %	Water / Sewerage Systems:	_____ %
Commercial Buildings over 4 stories:	_____ %	Bulk Handling Structures:	_____ %
Industrial Buildings:	_____ %	Amusement Structures:	_____ %
Public Buildings:	_____ %	Airports:	_____ %
Mines:	_____ %	Petrochemicals / Refineries:	_____ %
Bridges:	_____ %	Dams:	_____ %
Railways:	_____ %	Roads / Highways:	_____ %
Energy / Fuel Cell:	_____ %	Other (Please detail below):	_____ %

Description of other work: _____

12. Do you belong to any association related to these activities?

Yes No

13. If yes, please list these associations: _____

14. Do you engage in actual construction, installation, or erection?

Yes No

15. Do you engage in any actual manufacture, fabrication, or assembly?

Yes No

16. Do you assume responsibility for any of the activities mentioned in questions 15 or 16?

Yes No

17. If you have answered yes to questions 14, 15 or 16, please provide full details of operations below:

18. In the event that your product or service failed or delivery was delayed, please describe the worst case scenario.

Consider the potential for loss of life, injury to people, damage to buildings or other tangible property, or financial loss (consequential or otherwise) for your clients: _____

Commercial General Liability (Only answer this section if you require a quote for Commercial General Liability)

19. Please state the following:

a. Your total estimated payroll for the next financial year: _____

b. Your payroll relating to non-manual work away from your premises (such as consulting or similar):

Please detail the nature of this work: _____

c. Your payroll relating to manual work away from your premises: _____

Please detail the nature of this work: _____

d. Your payroll related to hazardous work away from your premises: _____

Please detail the nature of this work: _____

Contract Information

20. a. Please give details of the 5 largest contracts you have carried out in the past 3 years:

Name of client	Your contract value	Nature of your work undertaken for this contract	Total project value	Start date	Completion date

b. Please give details of the 3 largest contracts you expect to commence during the next 12 months where you are responsible for the design and other professional services:

Name of client	Your contract value	Nature of your work undertaken for this contract	Total project value	Start date	Completion date

c. Are all of your current contracts progressing on time and on budget?

Yes No

d. If no, please provide details: _____

21. Have you ever undertaken a contract as a member of a consortium or a joint venture?

Yes No

22. If yes, please provide details below: _____

23. Approximately how many customers do you have? _____

24. Do you carry out work only under a written contract signed by every client? (Please supply a copy of your standard form of contract, or typical examples of contracts used.)

Yes No

25. If no, please explain in what circumstances, and why: _____

26. Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contact?

Yes No

27. If yes, please explain what percentage of your contracts this is applicable to and what these are capped at:

28. Do all of your current contracts exclude liability for pollution or contamination?

Yes No

29. If no, please provide details below:

30. What approximate percentage of your revenue, in your current financial year, will be paid to sub-contractors?

_____ %

31. Are you responsible for the appointment of sub-contractors?

Yes No

32. If yes, do you ensure that any third party undertaking design or specification, any feasibility study, technical information calculation or survey on your behalf have their own public liability and Errors and Omissions insurance with a limit of liability at least equal to the limit of liability you hold?

Yes No

33. If no, please explain why?

34. Do any of your contracts contain a service credit or liquidated damages regime? (If yes, please attach a sample.)

Yes No

35. Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature?

Yes No

Contract Information

36. Please state the address of the premises to be insured (if different from the address given earlier). Please continue on a separate sheet if more than 2 premises are to be insured.

a. Premises 1: _____

b. Premises 2: _____

37. Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

a. Name of party: _____

b. Interest of party: _____

c. Address: _____

38. Are all the premises:

- a. Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No
- b. Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No
- c. In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No
- d. In a good state of repair and occupied solely as offices? Yes No
- e. Self contained with a lockable entrance door? Yes No
- f. Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm are not put into full and effective operation whenever the premises are closed for business or left unattended.

- g. Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No
- h. Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No
- i. Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No
- j. Sprinklered, either fully or partially? Yes No

NOTE: Assuming you have answered yes to questions g. and h. above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

39. If you have answered no to any of the above questions, please give further details: _____

40. Please detail the amounts to be insured below for each premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

Item	Amount Insured Premises 1	Amount Insured Premises 2
Main building:		
Landlord's fixtures & fittings and tenant improvements:		
Personal computers, printers and ancillary computer equipment at the office:		
All other items at the office:		

Portable computers and associated equipment at home/away from the office:		
All other items at home / away from the office:		

41. Please state, in respect of portable computers and associated equipment at home / away from the office, the maximum value of any one item (not the total value of all items): _____

42. Would you like a quotation for either of the following extensions?

a. Earthquake:

Yes No

b. Flood:

Yes No

43. Please detail the amounts to be insured below for Business Interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our Business Interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for Business Interruption cover. This amount applies regardless of whether your business interruption loss is loss of revenue, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

Item	Amount Insured	Indemnity Period
Business Interruption cover (Flexible First Loss):		

Claims Experience & Insurance History

44. Please provide details of your current Errors & Omissions insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date:	Effective date:	Limit	Deductible	Premium	Insurer
Current:						
Required:					N/A	N/A

45. Please provide details of your current Commercial General Liability insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date:	Effective date:	Limit	Deductible	Premium	Insurer
Current:						
Required:					N/A	N/A

46. Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- a. Are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or

- b. Are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c. Have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d. Have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above:

Yes No

If the answer to the above is yes, then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

Declaration

I declare that after proper enquiry, the statements and particulars given above are true and that I have not mist-stated or suppressed any material fact.

I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.

I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signature of applicant (or authorized representative) _____

Print Name and Title _____

Date _____