



Design Construction PI Property Proposal Form

IMPORTANT:

In this proposal:

- **You / Your** refers to all firms to be insured under this assignment, 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.
- **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 affected, 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

2) Please provide website address:

www:

3) Please provide all addresses:

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	yyyy: \$..... yyyy: \$..... yyyy: \$.....	yyyy: \$..... yyyy: \$..... yyyy: \$.....	yyyy: \$..... yyyy: \$..... yyyy: \$.....
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 <input type="checkbox"/>	NO <input type="checkbox"/>

7) Please supply details of all Principals :				
Name	Age	Qualifications	Date Qualified	Date of engagement

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 <input type="checkbox"/>	NO <input type="checkbox"/>

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 voluntary or compulsorily:

11) Please provide details of Your current Professional Indemnity insurance 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 the turnover/fees generated:				
	Last full financial year		Current financial year	
	Canada	Overseas	Canada	Overseas
A) Turnover where You design and construct from Your own design	\$	\$	\$	\$
B) Turnover where You construct from the designs of others performed on Your behalf	\$	\$	\$	\$
C) Fees where You design and provide technical supervision and project management services (i.e. No construction is undertaken by the firm)	\$	\$	\$	\$
D) Turnover where You construct from designs provided by the employer (i.e. You have no design responsibility)	\$	\$	\$	\$
E) Other Turnover (please provide brief details below)	\$	\$	\$	\$
Total	\$	\$	\$	\$

14) If You have declared no turnover in A,B,C,D or E above, have You ever undertaken such work in the past? If YES please provide detail below:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

15) Please provide a breakdown of activities and percentage of income generated from each discipline (must equal 100%) in the last complete financial year:			
Heating/Ventilating/Air Conditioning Engineering	%	Marine Engineering	%
Electrical Engineering	%	Environmental Engineering	%
Mechanical Engineering (not process engineering)	%	Architectural	%
Structural Engineering	%	Project Management	%
Civil Engineering	%	Project Co-Ordination	%
Soil Engineering	%	Chemical/Process Engineering	%
Other work---please provide full details below:			%
Total			100%

16) Have You at any time undertaken work in any of the following areas? If YES, please provide details below.					
Clean Rooms	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Nuclear/Atomic Projects	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Amusement Ride	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Railways	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Bridges/Tunnels/Mines	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Water Schemes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chemical	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Bulk Handling Equipment	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dams/Harbours/Jetties/Sea Defences	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Cladding/Roofing/Facade/Glazing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Petro-Chemical/Oil Plants and Refineries	YES <input type="checkbox"/>	NO <input type="checkbox"/>	High Rise properties (over six storeys)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Industrial Waste Treatment	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Landfill Sites	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Marine Engineering	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Offshore Installations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Airports/Aircraft	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Highways/Flyovers	YES <input type="checkbox"/>	NO <input type="checkbox"/>

17) Do You carry out work using well-established techniques and practices? If NO please provide full details below:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

18) Please provide a breakdown of contract types and percentage of income from each (must equal 100%) in the last completed financial year:	
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	%
Other work – please provide full details below:	%
Total	100%

19) Do You anticipate professional activities/services provided will change over the forthcoming twelve months? If YES provide details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

20) 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

21) 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

22) What is the average single total project value of all jobs performed over the last 12 months?	\$				
23) Do You engage the services of sub-contractors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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 <input type="checkbox"/>	NO <input type="checkbox"/>			
If YES please confirm the minimum limit You require them to maintain:	\$				
24) 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 <input type="checkbox"/>	NO <input type="checkbox"/>			
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:					
25) Do You confirm all changes to the specification or agreed deliverables in writing, explaining the cost changes and other implications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
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:					
26) Do You undertake any projects where work is outside Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
27) Have You ever entered into contracts on behalf of clients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If YES, is written sign off for the contract terms always obtained from Your client prior to committing them?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
28) Have You at any time entered into a contract that is subject to the laws of countries outside Canada?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If You have answered YES to either question 22 or 23 please provide details of each project below:					
Country	Start Date	Description of Work	Total Contract Value	Your Contract Value /Fee	Est. Completion Date

29) 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 <input type="checkbox"/>	NO <input type="checkbox"/>

30) 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			

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

32) 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 <input type="checkbox"/>	NO <input type="checkbox"/>
--	---------------------------------	--------------------------------

Date of claim/loss	Details of claim/loss	Amount Paid	Date Settled	Outstanding Reserve

33) Are You aware of any of the following?		
Any circumstances which might lead a claim against You , whether insured or not, in respect of any of the risks to which this proposal for insurance relates?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any matter which might otherwise affect the consideration of this proposal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/>	NO <input type="checkbox"/>
If the answer to any of the above is YES, please provide full details below:		

DECLARATION

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 affected.

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.

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.

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.

Signature of Principal:	
Date:	

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 affected, 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.