

INSURER: -----



Please ensure that all relevant sections of the proposal are completed leaving no blank spaces. Please complete form in ink, if you have insufficient space to complete any of your answers please use your headed paper. This form must be signed and dated by a Partner, Principal or Director of the Firm. If you have a brochure about your Firm's operations please forward it with this application

1. Name of Firm.

2. Address (including all branch offices) Post Code Telephone No.

3. State Firm's Profession

4. Date Firm established/commenced business

5. Give details below of any predecessor firm for which cover is required

6. Give details below of Partners/Directors (including details if sole principal)

Name in full of Partners/Directors	Qualifications	Date Qualified	How long Partner/Director in this Firm

Please state whether Firm is full or part-time (if part-time state nature of full time employment)

Give details of the arrangement for office supervision when Proposer is absent

Use state total number of:

Qualified Staff	Self employed/ Contract hire	Others	Total

	Home Based Contract	Foreign Based Contracts
Gross Fees received for each of the last five Financial Year		
Financial year end (State month)		

	Home Based Contract	Foreign Based Contracts
Total Building Values certified during the past 12 months:		

Category	Home Based Contract	Foreign Based Contracts
Architectural Work		
Urban planning/Feasibility Studies		
Quantity Surveying		
Structural Surveys/Inspection Reports/Valuation		
Other work-specify details		
TOTAL GROSS FEE		

(c) During past Financial Year:

(i) Gross Fees Paid to Consultants

(These amounts to be included in answer to (a) and (b) above)

9. Please give the following as a percentage of the Firm's total work during the past Financial Year:

- (a) Where the Firm both designs and supervises/inspects construction _____ %
- (b) Where the Firm supervises/inspects construction from others designs _____ %
- (c) Where the Firm provides design, etc. but no supervision/inspection _____ %
- (d) Where the Firm acts as Project Manager/Co-ordinator _____ %

10. Please give details of any major new operations being undertaken during the next twelve months.

11. (a) Is the Firm or any Partner/Director a member of a Consortium or working in association with any other Firm or organisation?

Yes No If "YES" please supply full details including names of all members and details of Professional Indemnity cover carried by each of them.

(b) Is coverage required for such work?

Yes No If "YES" Insurers will require a copy of each Agreement

(C) Does the Firm engage in any construction, erection or supply of materials?

Yes No

If "YES" please give details.

(d) Has any similar insurance for this Firm or any Partner/Director been declined, Cancelled or refused renewal?

Yes No

If "YES" give details:

12. Do you require coverage for replacing lost or damaged documents?

Yes No

If "YES" state amount of cover required

13. What basis of Indemnity Limit do you require?

(a) total aggregate limit for the policy period
Covering all claims,

Amount of Indemnity required

(b) limit which is applicable to each and every
Claim

Amount of Indemnity required

14. Have any claims for professional negligence, error or omission or the like (successful or otherwise), been made against the Firm or its predecessors in business or any of the present and/or past Partners or Directors during the past 10 years?

Yes No

If "YES", give details, including dates and potential amount involved using the proforma attached

15. Are any of the Partners/Directors, AFTER FULL ENQUIRY, aware of any CIRCUMSTANCES Which may give rise to a claim for professional negligence, error or omission or the like, against this Firm or its predecessors in business or any of the present and/or past Partners or Directors?

Yes No

If "YES", please give full details including dates and potential amounts involved using the proforma attached.

**(PLEASE NOTE IT IS IMPERATIVE TO ANSWER THIS QUESTIONNAIRE CORRECTELY.
FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN FUTURE).**

I/We declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this Proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.

For and on behalf of:

(Insert Name of Firm)

Signature of Partner/Director:

Date:

