



**Professional Indemnity Insurance  
Proposal Form  
Architects and Civil Engineers  
Project Cover**

<b>I. General data</b>			
1. Name of proposer in full			
2. Address of head office			
3. Address of branch office(s) and name(s) of resident partner(s)			
4. When was the firm established?			
5. Details of all practising principals or partners			
Names	Qualifications, dates qualified/total duration of professional experience	Position held in company and how long	
6. Total number of principals, partners and staff			Number
Technical: <ul style="list-style-type: none"> <li>- Principals, partners or officers</li> <li>- Other qualified engineers</li> <li>- Surveyors</li> <li>- Qualified architects</li> <li>- Draughtsmen</li> <li>- Other qualified staff (please specify)</li> </ul>			
<ul style="list-style-type: none"> <li>- Trainee staff</li> </ul>			
Total non-technical /administration staff			
7. Do you give work to independent firms (subcontractors) and/or specialists? <b>If so</b> , please state kind of work and percentage of fees.  (The professional liability of such independent firm is not covered under the proposed policy.)			
8. Are you financially connected with the principal of the project and/or with contractor(s)			

<p><b>II. Nature of your activities</b></p> <p>1. In which of the following professions is your firm engaged?</p> <p>a) Civil engineering  b) Structural engineering  c) Mechanical engineering  d) Electrical engineering  e) Heating and ventilating engineering  f) Chemical engineering  g) Soil engineering  h) Others, not shown (please specify)</p>	<p><input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/></p>
<p>2. In what type of projects is your firm specialized?  Please specify.</p>	
<p>3. List some of the largest <b>and</b> typical projects performed by your firm during the last five years (brief description including values and fees)</p>	
<p><b>III. General questions regarding the project</b></p>	
<p>1. Principal</p>	
<p>2. Main contractor/consortium</p>	
<p>3. Nature and purpose of project</p>	
<p>4. Location of project (place, country)</p>	
<p>5. Total contract value   How much of total sum refers to building structure?</p>	
<p>6. Your fees</p>	
<p><b>IV. Nature of your work/responsibility/period</b></p>	
<p>1. Nature of your work  (detailed description including special techniques and hazardous factors)</p>	
<p>2. Your responsibility (e.g. design and/or supervision)</p>	

3. Commencement and duration of your work	
4. Commencement and duration of the construction works	
5. Probable date of handing over	
6. Period of your liability/statutory limitation	
<b>V. Technical details</b>	
1. Soil conditions	
2. Ground-water conditions	
3. Nature of foundations	
<b>VI. Surrounding property</b> Please give description of the neighbourhood of the site (details of existing buildings or surrounding property possibly affected by contract works such as excavation, underpinning, piling, vibration or ground-water lowering).	
<b>VII. Insurance/claims experience</b>	
1. Are you protected by an annual professional indemnity insurance policy? <b>If so</b> , please advise a) insurance company b) limit of indemnity	
2. Number and amount of claims during last 5 years	
<b>VIII. Indemnity required</b>	
1. Limit any one claim	
2. Aggregate Limit	
3. Deductible each and every claim to be borne by insured	

<b>IX. Scope of coverage</b> 1. Design only	
2. Supervision only	
3. Design and supervision	
<b>X. Endorsements to basic cover</b> 1. Extended Claims Reporting Period	
2. Loss of Documents <b>If so, up to what amount?</b>	_____

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated 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.

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated

For and on behalf of \_\_\_\_\_  
(insert name of firm)

Signature of partner or principal \_\_\_\_\_