



**Professional Indemnity Insurance
for Construction Industry
Professionals
Proposal Form**



Professional Indemnity Insurance for Construction Industry Professionals Proposal Form



Please read the following carefully before completing this proposal form. To present a clear and unambiguous picture and to ensure that underwriters understand the nature of your risk:

- An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form in ink.
- All questions must be answered to enable a quotation to be given.
- Where a question is not applicable to your particular circumstances, please write N/A.
- If there is insufficient space to answer questions please use an additional sheet and attach it to this proposal form.
- Completing and signing this proposal form does not bind you, or insurers, to complete this contract of insurance.
- If this proposal relates to a new business or venture, please complete the questions as far as possible, giving estimated income and information about your anticipated activities.
- Please provide any standard contract terms, conditions, agreements or letters of appointment, which you have with your clients.

1. a) Name of Individual or Firm(s) (including any subsidiary requiring cover)

b) Date established

c) Address(es) (specifying who is responsible, if there is more than one location)
Postcode

d) Website Email address

e) Name(s) of any previous Firm(s) requiring cover and the date(s) on which they ceased trading

2. a) Please provide

Name of Individual, Partner, Principal or Director	Age and Qualifications	Date Qualified	Number of years Practical Experience

b) Please provide

Names of Consultants regularly used	Age and Qualifications	Date Qualified	Number of years Practical Experience

c) Do you require cover for past Partners, Principals or Directors? Yes No
If yes, please provide details

3. a) Is any Individual or the Firm admitted to any Association or Trade Body? Yes No
If yes, please give details.

b) Has any person been the subject of disciplinary proceedings by any professional body? Yes No
If yes, please give details.

4. Please state the total number of Partners, Principals or Directors
Qualified Staff
Consultants

5. a) If you are a sole practitioner, please give details of arrangements made in the event of sickness or holiday.

b) Is this a Part-time occupation? Yes No
If yes, please give brief details of your present full-time work.

6. a) Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months? Yes No
If yes, please give details.

b) Is cover required for any activity, now ceased, which is different from those declared, within this proposal form? Yes No
If yes, please give details.

7. Please list by activity the approximate percentage of work carried out in each instance

Architecture		%
Civil Engineering		%
Soil Engineering		%
Structural Engineering		%
Project Manager		%
Project Co-ordinator		%
Nuclear Engineering		%
Mechanical Engineering		%
Interior or Non-Structural		%
Refurbishment		%
Electrical Engineering		%
Landscape Architecture		%
H.V.A.C. Engineering		%
Planning/Feasibility		%
Non-Structural Space Planning		%
Chemical Engineering		%
Surveying (Land, Quantity, Building)		%
Planning Supervisor		%
Other (please specify) <input type="text"/>		%

IF INVOLVED IN PLANNING SUPERVISOR'S DUTIES, PLEASE COMPLETE THE SEPARATE CDM QUESTIONNAIRE

8. Please indicate to what structures your activities extend

Individual Dwellings		%
Roads, Highways		%
Low Rise Multiple Dwellings		%
Bridges, Tunnels and Dams		%
High Rise Multiple Dwellings		%
Railways, Airports, Harbours and Jettie		%
Modular Dwellings (Repetitive)		%
Commercial Offices/Shopping Centres		%
Water Schemes, Sewerage		%
Power Plants		%
Hospitals, Nursing Homes		%
Refineries and Petro-Chemical		%
Hotels and Leisure Centres		%
Manufacturing Plants		%
Schools and Universities		%
Industrial Building Systems		%
Retail/Business Parks		%
Aborted Projects		%
Other (please specify) <input type="text"/>		%

9. a) Please state the gross fees received for each of the last three financial years billed to clients and an estimate for the next twelve months.

Year		UK	Worldwide ex USA/Canada	USA/Canada
20	Fees			
20	Fees			
20	Fees			

Estimate

Year		UK	Worldwide ex USA/Canada	USA/Canada
20	Fees			

Financial Year ends (Month)

b) What percentage of fees is paid to consultants? %

10. a) Please list the five largest contracts undertaken in the last three years

- i)
- ii)
- iii)
- iv)
- v)

b) What is the largest annual income earned from a single client in the last twelve months? £

c) In the case of Overseas contracts, please list the countries involved and whether U K or local law applies. Also, please give brief details of the contract(s) and size.

11. Please clarify the type of work normally carried out, whether consisting of well-established techniques or the nature of new and original thought developments, processes or designs employed. State whether and what licensing or similar agreements are in force and the degree to which supervision of them is exercised.

12. Have you, at any time, entered into a contract signed under seal or signed a collateral warranty? Yes No
If yes, please give details.

13. Have you, at any time

- a) engaged in contracts involving prototype construction or materials? Yes No
- b) specified or given advice in connection with EPS (expanded polystyrene) or polyurethane core sandwich panels Yes No
- c) designed, specified or given advice in connection with cladding, glazing or curtain walling and/or fixings? Yes No

If yes, please give full details

14. Do you have liability within the Construction (Design & Management) Regulations 1994, or subsequent re-enactment, either as a Planning Supervisor or as a Designer? Yes No

IF YES, PLEASE COMPLETE THE SEPARATE CDM QUESTIONNAIRE

15. a) When Professional Sub-contractors or Specialist Consultants are engaged, have you, in the past, and will you in the future endeavour to ensure that they are appointed directly by and paid by the client? Yes No

b) Have you and will you ensure that such persons or firms have entered into a binding contract accepting full responsibility for their own Professional neglect, error or omission and that they carry and maintain in force Professional Indemnity insurance? Yes No

16. a) If you are a member of a consortium or have entered into a joint-venture agreement, please give details.

b) Do you undertake work for or are you associated, either by shareholding or official position, with any company/ organisation, where you are in a position to make major decisions? Yes No
If yes, please give full details

c) Have any of the Partners, Principals or Directors been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily? Yes No
If yes, please give full details

17. Do you wish to consider any of the following extensions?

Loss of Documents Yes No

Unintentional Breach of Confidentiality Yes No

Libel & Slander Yes No

Unintentional Breach of Copyright Yes No

Dishonesty of Employees Yes No

Claims arising from Associated Companies Yes No

18. Do you currently have Professional Indemnity insurance? Yes No

If yes, please give details.

Expiry date Limit £ Excess £

Insurer

19. Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms? Yes No

If yes, please give details.

20. Please state

limit of indemnity required

£

self insured excess

£

21. a) Do you always require satisfactory written references when engaging employees?

Yes No

b) Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature?

Yes No

If yes, please give details.

c) How often are employees who receive cash or cheques, during the course of their duties, required to pay these in?

d) How often are checks carried out on all entries in cash books, with all paying-in books, receipts, counterfoils and vouchers being reconciled with bank statements, including the balance of cash and unpresented cheques, independently of employees receiving or banking monies, belonging to the Firm or in trust, on behalf of others?

22. Have you EVER had any claims made against you or know of any circumstances that could or would have resulted in a claim, if cover had been in force?

Yes No

If yes, please give details.

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Insurers. A material fact is one, which may influence an Underwriter’s judgement in the consideration of your proposal. If your proposal is a renewal, it is likely that any change in facts previously advised to Insurers will be material and such changes should be highlighted. If you are in any doubt as whether a fact is material or not, you should disclose it.

FAILURE TO DISCLOSE could prejudice your rights to recover in the event of a claim or allow Insurers to void the policy.

I/We declare that the statements and particulars contained in the 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. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance.

However, the duty to disclose material facts continues after completion of this proposal and throughout any period of insurance (and any extensions thereto), upon which this proposal form was used as the basis of the contract of insurance.

Date (day) (month) (year)

Signature
(Director or Officer)

Position

A COPY OF THIS PROPOSAL SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS

CDM QUESTIONNAIRE

To be answered by any Individual or Firm appointed as a Planning Supervisor

1. a) Do you propose to offer services where you could be liable under the Construction (Design and Management) Regulations, either as a designer or a Planning Supervisor? Yes No
- b) If you are ever appointed as both, do you ensure that you have separate appointments, in view of the possible conflict of interest? Yes No

If yes, please give details.

2. Please describe the services that you intend to offer in this connection?

3. a) Have these tasks been allotted to specific individuals? Yes No

b) If yes, what steps have been taken to ensure that any individuals, undertaking the role of designer or Planning Supervisor, are adequately experienced in relevant health and safety aspects?

- c) Have or will those individuals, who will act as designers or undertake Planning Supervisors' duties, attend(ed) specific CDM courses? Yes No
If yes, please give details and advise if they have or will become certificated.

If not, please explain how they are qualified to undertake the task.

4. a) Do you ensure that you are appointed at the outset of a contract and that the client and all sub-contractors/consultants are fully aware of their duty under the CDM regulations? Yes No
If not, please give details.

- b) Have you ever been appointed after tender stage of a contract or after construction is under way? Yes No
If yes, please give details.

5. Have there been any occasions where you have become aware that there is no health and safety file for on-site utilities? Yes No
If yes, please give details.

6. Have you been involved in any projects where there has been a serious delay in completing health and safety files or assessing plans, on behalf of a client? Yes No
If yes, please give details.

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