

Professional Indemnity for Architect & Engineers



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.
- 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.
- Any material contained in the Proposers website is not deemed to form part of this proposal apart from any information attached to the proposal in hard copy form.
- 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 ensure that all relevant sections of the Proposal are completed

1. Name of the Individual or Firm(s): (i.e. The Proposer) including previous and subsidiary practices requiring cover.

2. a) Addresses of all offices (including telephone number) and percentage of total fees in each.

b) Email address

c) Website address

3. Business Establishment Date:

4. a) During the past 10 years, has the name of the Proposer been changed or has any amalgamation, acquisition or take-over taken place or have any Principals departed, retired or died?

Yes

No

If 'yes', please provide details below

b) Give a description of the general nature of the work undertaken by the Propose including any areas of specialisation.

c) Give details below of any predecessor firms for which cover is required.

5. Give details below of:

a) Partners/Directors/Principals (please attach CVs)

Full Name	Age	Qualifications	Date Qualified	Number of years in this capacity with the Proposer
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b) Consultants under a contract of service with the Proposer

Full Name	Age	Qualifications	Date Qualified	Number of years in this capacity with the Proposer
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6. Give details below of previous business experience as appropriate or attach curricula vitae.

Newly established Practice please complete for each Partner/Director/Principal/Member

Existing Practice please complete for each Partner/Director/Principal/Member who has held such position with the Proposer for less than 5 years.

Full Name	Period Engaged in previous occupation	Name of Practice/ Company	Profession or Business	Position Held
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7. Name under which Practice is conducted: (i.e. The Proposer) including previous and subsidiary practices requiring cover

8. State number of other permanent staff

a) Qualified

b) All Others

Full Time

Part Time

Full Time

Part Time

9. Is cover required for Partners' Previous Business in respect of any partner named in 5a?

Yes

No

If 'Yes', state:

Name of Partner/Director/Principal	Name of Previous Firm	Date Leaving
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10. Is or has the proposer been a member of a consortium, joint venture, group practice or similar organisation ?

Yes

No

11. State gross fees (including those paid to sub-contractors) for work undertaken. For new ventures please provide estimates

Please state your Financial Year End

	Previous Year - Actual (€)	Last Year - Actual (€)	Forthcoming Year - Estimate (€)
a) In Ireland			
b) In the UK/Channel Islands/Isle of Man			
c) The USA, its territories and possessions and Canada			
d) Elsewhere			
Total of (a) to (d) above			
Average Fee			
Largest Fee			

If gross fees are paid by clients in 'c' & 'd' above please give full details of the nature of the work undertaken and state the countries.

12. Is any work undertaken by the Proposer where the ultimate construction / installation is carried out outside of Ireland ? Yes No

13. Does the Proposer operate from offices other than Irish offices ? Yes No
If 'Yes', please state where

14. Does the Proposer enter into any contracts where the jurisdiction or applicable law is other than Ireland? Yes No

15. Please list by activity the approximate percentage of work carried out in each instance of gross fees received during the past year?

	%		%
Architecture - New Build		Interior Design (non-structural) / space planning	
Architecture - Refurbishment		Landscape Architecture	
Acoustic Engineering		Lift Engineering	
Architecture- Refurbishment		Marine Engineering	
Asbestos Inspection		Mechanical Engineering	
Building Surveying		Mining Engineering	
Chemical Engineering		Nuclear Engineering	
Civil Engineering		Piling	
Cladding & Curtain Walling		Planning Supervisor	
Drafting / CAD		Project Coordination	
Electrical Engineering		Project Management	
Electronic Engineering		Quantity Surveying	
Environmental Consultancy/Contamination Land work		Setting Out	
Expert Witness		Soil Engineering	
Feasibility Studies		Structural Engineering	
Foundations / Underpinning		Town Planning	
Heating / Ventilation		All other work (please provide details)	
Highways Engineering			
Interior Design (non-structural) / space planning			

16. Please indicate to what structures your activities extend:

	%		%
Individual Dwellings		Schools / Universities / Libraries / Prisons	
Low Rise Multiple Dwellings		Hotels / Leisure Centres / Recreational / Sports	
Modular Dwellings (Repetitive)		Refineries / Petro-Chemical	
High Rise Multiple Dwellings		Nuclear-Atomic Power Plants / Power Plants	
Commercial Offices		Shopping Centres / Supermarkets	
Manufacturing / Industrial		Roads / Motorways	
Air conditioning for 'clean' rooms		Hospitals / Nursing Homes /other Healthcare	
Amusement rides and lifting equipment		Ecclesiastical	
Aviation Industry		Industrial Waste Treatment	
Bridges / Tunnels / Mines / Dams		Landfills	
Communication Systems		Design of fire protection and security systems	
Refineries / Petro-Chemical / Power Plants		Roofing	
Railways / Airports /Harbours / Jetties		Retail (other)	
Warehouses		Multi Storey Car Parks	
Specialist Glazing/ Cladding / Curtin Walling			
Water Schemes / Sewerage		All other work (please specify):	
High Rise: over 4 storeys		Low Rise: less than 4 storeys	
a) Flats / Apartments		a) Flats / Apartments	
b) Offices		b) Offices	

17. Please provide full details of the five largest contracts where construction has commenced in the last five years:

Name / Business of client:
Description of contract:
Start date:
End Date:
Total contract value (€):
Your income/fee (€):

Name / Business of client:
Description of contract:
Start date:
End Date:
Total contract value (€):
Your income/fee (€):

Name / Business of client:
Description of contract:
Start date:
End Date:
Total contract value (€):
Your income/fee (€):

Name / Business of client:
Description of contract:
Start date:
End Date:
Total contract value (€):
Your income/fee (€):

Name / Business of client:
Description of contract:
Start date:
End Date:
Total contract value (€):
Your income/fee (€):

18. Please provide full details of your three largest contracts anticipated in the next three years

Name / Business of client:
Description of contract:
Start date:
End Date:
Total contract value (€):
Your income/fee (€):

Name / Business of client:
Description of contract:
Start date:
End Date:
Total contract value (€):
Your income/fee (€):

Name / Business of client:
Description of contract:
Start date:
End Date:
Total contract value (€):
Your income/fee (€):

19. Do you utilise sub-contractors or consultants?

Yes No

If 'Yes' please advise:

The percentage of your gross fees to be paid to sub-contractors or consultants in the current financial year?
The nature of work for which they are used?
Details of selection and management criteria?
Do subcontractors have their own Professional Indemnity Insurance in force?

20. Do you undertake any contract which involves:

- | | | |
|---|-----|----|
| a) Manufacture, construction, installation, maintenance, repair, alteration or treatment? | Yes | No |
| b) The sale or supply of goods or products? | Yes | No |

If 'Yes' please provide full details including percentage of fees relating to such contracts.

21. Risk Management

- | | | |
|--|-----|----|
| a) Is the practice accredited to (or in the process of accreditation to) IS EN ISO 9000 Quality Systems subject to a similar form of external assessment? | Yes | No |
| b) Does the practice works to a professional code of practice. If 'Yes' which one ? | Yes | No |
| c) Are written contract conditions are used in every case? | Yes | No |
| d) Prior to contracts being accepted does the practice check that contract specifications and customer requirements can be met by ensuring that they have the technical ability to undertake the contract, the resources and time? | Yes | No |
| e) Does the practice have written work instructions or checklists for the services provided? | Yes | No |
| f) Are working papers including records of all contracts, letters of engagement, subsequent amendments, client meetings and telephone calls retained for at least 5 years ? | Yes | No |
| g) Do Management review working procedures at least every twelve months to ensure their continuing stability? | Yes | No |

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|--|-----|----|
| h) Is work done by staff regularly reviewed by a Partner/Director/Principal/Member or qualified manager? | Yes | No |
| i) Are Regular file reviews and audits are conducted at least once every 12 months for all fee earners, including Partners/Directors/Principals/Members? | Yes | No |
| j) Do all cheques over €30,000 require two signatures? | Yes | No |
| k) Are cash books, receipts, counterfoils and bank statements checked independently by a Partner/Director/Principal/Member at least monthly? | Yes | No |
| l) Do staff and principals have training and development plans in place (e.g. participation in a Continued Professional Development programme)? | Yes | No |
| m) Do recruitment procedures include: | | |
| i) Obtaining written references | Yes | No |
| ii) Verifying qualifications and previous experience | Yes | No |
| iii) Checking for any previous Professional Indemnity claims or circumstances? | Yes | No |
- If 'No' to any of the above, give details below

22. Has the Proposer or any member of staff, past or present, been the subject of any disciplinary proceedings by any professional or regulatory body? Yes No

Has the Proposer dismissed or is the Proposer considering dismissing any member of staff?
If 'Yes' please give details below.

23. Has the Proposer suffered any loss during the past 5 years through fraud or dishonesty of any Partner/Director/Principal/Member or Employee? Yes No

If 'Yes', state date, circumstances, amount and steps taken to prevent recurrence

24. During the past 10 years has any insurer of this type of insurance in respect of the firm, its current Partners/Directors/Principals/Member and/or Predecessors in business ever.

- | | | |
|---|-----|----|
| a) Declined to insure? | Yes | No |
| b) Imposed special terms or conditions? | Yes | No |
| c) Cancelled or voided a policy? | Yes | No |
| d) Requested the withdrawal of a claim? | Yes | No |

25. Current Insurance Details

a) Current renewal date of policy (if any)
b) Name of Insurer
c) Excess (€)
d) Premium
e) Retroactive date

26. Please indicate the Limit of Indemnity required

€375,000
 €500,000
 €650,000
 €1,300,000
 €2,600,000
 Other, please specify

27. Please indicate the level of excess the Proposer requires

€1,000 €2,500 €5,000 Other, please specify

28. Does the practice undertake work for any firm, company or organisation in which any Principal holds a position whereby he or she is able to make major policy decisions on behalf of such firm, company or organisation?

Yes No

If 'yes' please provide details.

29. Has any person for whom this insurance is proposed:

a) Ever been convicted of or charged with (but not yet tried in respect of) a criminal offence other than a motoring offence?

Yes No

b) Ever been declared bankrupt?

Yes No

c) been the subject of investigation (e.g. following a complaint) by an Ombudsman? c) Ever been a principal of a business which has gone into insolvent liquidation or been the subject of a receivership or an administrative order?

Yes No

If 'yes' please provide details and dates.

30. a) Has any claim been made or has anyone threatened to bring such a claim against the Proposer or any Partner / Director / Principal, consultant or employee during the last 10 years in respect of the risks to which this proposal relates?

Yes No

If 'yes' please provide details (by separate note if preferred).

Date of Claim	Brief details of each claim	Cost (if any) of claim paid	Estimated outstanding cost
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b) What actions/procedures have been taken to prevent a recurrence of the situation which gave rise to each claim?

31. Is any Partner/Director/Principal/Member/Consultant or Employee, after enquiry, aware of any circumstances which may:

a) give rise to a claim against the Proposer or any predecessors in business or any present or former Partner/ Director / Principal/Member?

Yes No

b) result in the Proposer or any predecessors in business or any present or former Partner/ Director / Principal/ Member incurring any losses or expenses which might be covered under the terms of this insurance?

Yes No

c) otherwise affect the Company's consideration of this insurance?

Yes No

If 'Yes', give details including maximum potential cost (by separate note if preferred)

IMPORTANT NOTICE CONCERNING DISCLOSURE

KennCo Underwriting Ltd would like to remind you of the duty of policyholders and intermediaries to pass to the Underwriter(s), all material information relating to the risk under consideration. “Material” in this context refers to all information which a prudent Underwriter (not necessarily the Underwriter in question), would wish to take account of when considering whether or not to accept the risk, and if so, upon what terms and at what price.

In arranging this policy you must have provided us with a fair presentation of the risks to be insured. This means you must have clearly disclosed all material facts which you, your senior management and or persons responsible for arranging the Policy knew or ought to have known. If you have not made a fair presentation, this could mean that part or all of a claim may not be paid. Please be aware that in some circumstances, if you have not made a fair presentation of the risk, we may avoid the contract and the premium may not be returned. You must also make a fair presentation to us when the policy is to be renewed.

The duty of disclosure continues up until the Insurance has been concluded and “resurrects” in the event of any amendment to the risk during the policy period or any extension/renewal. It may also be that the terms of the policy include specific ongoing disclosure conditions or warranties which effectively extend the duty of disclosure post inception of the policy.

DECLARATION

It is declared that to the best of the knowledge and belief of the insured the statements and replies set out herein are true and that no material facts have been misstated or suppressed. The insured undertakes to inform insurers of alterations to any facts which are or become material before inception of the contract of Insurance.

Partner / Director / Principal Name (in print):

Signature

Date

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

ADDITIONAL INFORMATION

Use this space to provide further information in support of answers given to questions in this Proposal.
Please state question number clearly