

**STRICTLY PRIVATE & CONFIDENTIAL**

# **Design Activities of Contractors Professional Indemnity Insurance**

## **PROPOSAL FORM**

For advice, or assistance with  
this form please contact:



**contractsure**

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# Design Activities of Contractors Professional Indemnity Insurance

## PROPOSAL FORM

1. NAME(S) OF FIRMS AND ANY SUBSIDIARIES TO BE INCLUDED IN THIS INSURANCE  
(please include any predecessors in business for whom cover is required)

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1(b) name(s) of any associated company(ies) of the firm to be included in this insurance

Name	Details of association (eg percentage ownership, Common shareholders etc)

2. ADDRESS OF PRINCIPAL OFFICE (please list all other locations by town or country)

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## 3. DATE ESTABLISHED

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## 4. Please give a general description of the business of the Firm(s)

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5. RECENT CHANGES – during the last six years has the name of the Firm(s) changed or has Any amalgamation or acquisition taken place? **YES/NO**

If "YES" please give details:

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## 6. Average number of staff employed in the last twelve months:

a) Professional Qualified		d) Site Foremen/Agents	
b) Assistants		e) Self Employed/Contract Hire	
c) Draughtsmen		f) All others	

## 7. SENIOR PERSONNEL – please give details of individuals included in the answer to question 6 and who are principally responsible for design and similar activities, whether or not such are subcontracted or undertaken by the Firm(s)

Name	Qualifications and date qualified	Position held in the Firm(s) and the length of time as such

8. ACTIVITIES AND DUTIES – in broad terms this policy will normally cover the following: Design, specification, inspection and supervision (see below), feasibility studies, surveying where appropriate to the professional duties of the professional staff, procurement and/or the provision of advice or technical information.

The activities and duties do not include supervision by the firm(s) of its own or its subcontractors work where such supervision is undertaken in its capacity as building or engineering Contractor.

Please indicate any other professional activities of your business for which cover is required:

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#### 9. DATE OF FINANCIAL YEAR END

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N.B. Please enclose a copy of your most recently audited report & accounts and interims where appropriate.

10. Total turnover for the firm in respect of the past three completed financial years and The estimated turnover for the current financial year.

	Day/Month/Year / /	Day/Month/Year / /	Day/Month/Year / /	Day/Month/Year / / (estimated)
UK based Contracts				
Overseas based Contracts				
Please list countries where work was performed in the last financial year and the percentage of turnover				

11. BREAKDOWN OF TURNOVER in respect of the last completed financial year (the purpose of This question is to enable underwriters to ascertain the extent of the firm's professional activities).

NOTES

- "Design" in this question is deemed to include any or all of the activities detailed in Question 8 above
- The turnover declared in this question should total the same as that turnover declared for the last completed financial year in Question 10
- Categories (a) and (b) should only include turnover for those portions of contracts which are on a design and build basis

	Category	UK Based Contracts	Overseas Based Contracts
(a)	Turnover where the Firm is responsible for both the Design and construction and undertook the Design		
(b)	Turnover where the Firm is responsible for both Design and construction but sub-contracted the Design to others		
(c)	Fees for Design only where no construction is to be undertaken by the Firm		
(d)	Fees for project management where no construction is to be undertaken by the Firm		
(e)	Fees for construction management where no construction is to be undertaken by the Firm		
(f)	Fees earned from acting as client's or employer's representative where no construction is to be undertaken by the Firm		
(g)	Turnover for management contracting		

## 11. BREAKDOWN OF TURNOVER (continued)

	Category	UK Based Contracts	Overseas Based Contracts
(h)	Turnover for work where the Firm has recommended an alternative Design for which responsibility has been accepted by the client or employer		
(i)	Other contracting turnover not detailed above		
(j)	Other non-contracting turnover not mentioned above Please give brief details		
(k)	Fees for Planning Supervisor role under CDM Regulations where Design and construction is also undertaken by the Firm		N/A
(l)	Fees for Planning Supervisor role under CDM Regulations where construction only is also undertaken by the Firm		N/A
(m)	Fees for Planning Supervisor role under CDM Regulations where no Design or construction is undertaken by the Firm		N/A

N.B. Have you undertaken the Planning Supervisor role without a separate fee being identified? **YES/NO**

If "YES", please indicate the amount of "turnover" involved separately from the "fees" declared above:

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12. JOINT VENTURE/CONSORTIA – Has the Firm worked in the past, or is it currently a member of a Joint Venture or Consortium? **YES/NO**

If "YES", please supply the following details:

Name of Joint Venture/Consortium	Firm's percentage participation	Turnover of Joint Venture/Consortium for last completed financial year	Will the Joint Venture undertake those activities detailed in Question 8?

13. DISCIPLINE PROFILE – Please provide an approximate percentage split of the disciplines performed for the last completed financial year:

Architectural	%	Soil Engineering	%
Civil Engineering	%	Nuclear Engineering	%
Structural Engineering	%	Health & Safety Planning	%
Mechanical Engineering	%	Land Surveying	%
Electrical Engineering	%	Quantity Surveying	%
Heating & Ventilating	%	Building Surveying	%
Chemical Engineering	%	Others	%
Environmental Engineering	%		

## 14. PROJECT PROFILE –

(a) Please give details of the 5 largest contracts involving “Design” undertaken in the last 10 years:

Start Date	Name and type of project	Service performed	Firm's Contract Value	Estimated Completion Date

(b) Please give details of any major new operations being undertaken during the next 12 months

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15. ACTIVITY PROFILE – Please provide an approximate percentage split of the following type of project for the last completed financial year:

(a) HOME BUILDING

		Consultancy	Design & Contract
(i)	Individual Dwellings	%	%
(ii)	Low Rise Multiple Dwellings	%	%
(iii)	High Rise Multiple Dwellings	%	%
(iv)	Modular Structures	%	%

(b) ENGINEERING CONSTRUCTION

(i)	Highways & Roads	%	%
(ii)	Bridges, Tunnel & Flyovers	%	%
(iii)	Railways, Airports & Ports	%	%
(iv)	Sewage Water Schemes	%	%
(v)	Harbours, Jetties & Dams	%	%
(vi)	Land Reclamation	%	%

(c) INDUSTRIAL & COMMERCIAL

(i)	Power Plants, Manufacturing Plant	%	%
(ii)	Refineries & Petro Chemical Installations	%	%
(iii)	Mechanical Plant & Bulk Handling Equipment	%	%
(iv)	Industrial Building Systems	%	%
(v)	Offices	%	%
(vi)	Commercial & Retail	%	%

## 15. ACTIVITY PROFILE (continued)

## (d) AMENITIES

(i)	Hospital & Nursing Homes	%	%
(ii)	Schools & Universities	%	%
(iii)	Hotels & Recreation Centres	%	%
		100%	100%

Do you engage in the manufacture or fabrication of any pre-engineered unit? **YES/NO**

If "YES", please give full details:

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16. USA/CANADA – Has the Firm ever entered into any contract:

(a) where the jurisdiction of that contract is subject to the laws of the USA/Canada? **YES/NO**

(b) where it can be foreseen that any party outside the contract could bring legal action against the Firm under the laws of the USA/Canada? **YES/NO**

If "YES", please provide details

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17 SUB-CONTRACTED DESIGN – When Design is sub-contracted by the Firm to consultants, contractors or others, OR, the Firm is made responsible for sub-consultants and/or sub-contractors by the way of nomination or novation, does the Firm:

(Please delete as appropriate)

(a) maintain full rights of recourse? **YES/NO**

(b) check professional indemnity insurance is effected by the consultants and contractors? **YES/NO**

(c) check each year that consultants and contractors are asked whether their professional indemnity insurance has been renewed? **YES/NO**

17. SUB-CONTRACTED DESIGN (continued)

(d) in respect of any novation, check, examine or inspect work undertaken prior to the novation? **YES/NO**

(e) pass on any contractual liability assumed by the Firm **YES/NO**

If "NO" in respect of the above, please give details:

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18. SYSTEMS AND PROCEDURES –

(a) Is the Firm certified BS5750 or ISO 9000? **YES/NO**

If "NO", what systems and procedures are in place:

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(b) Does the Firm have a system for reviewing contractual terms, including Collateral Warranties? **YES/NO**

If "NO", please provide details:

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(c) In respect of project or construction management, how frequently and by what method does the Firm report the progress of the contract to the employer/principals? **YES/NO**

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18. SYSTEMS AND PROCEDURES – (continued)

(d) Is the design work for associated and/or subsidiary companies checked by any of the senior personnel detailed in Question 7 above? **YES/NO**

If "NO", please give full details including potential amounts involved:

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PLEASE NOTE: IT IS IMPERATIVE THAT THIS QUESTION IS ANSWERED CORRECTLY AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE

19. CLAIMS &/OR CIRCUMSTANCES – DETAILS CAN BE ADVISED ON SUMMARY

(a) CLAIMS – During the last ten years, have any claims been made against the Firm(s) or predecessors in business for Design activities or any other activities for which cover is required in Question 8? **YES/NO**

If "YES", please give full details including amounts involved and settlement dates where appropriate

Claims paid:

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Claims outstanding:

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(b) CIRCUMSTANCES – Are any of the Partners/Directors AFTER ENQUIRY, aware of any circumstances which may give rise to a claim against the Firm or its predecessors in business? **YES/NO**

If "YES", please give full details including amounts involved

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20. CURRENT INSURANCE ARRANGEMENTS – Please give details if not currently insured via Contractsure Ltd:

Limit of Indemnity	Excess	Premium	Insurer	Renewal Date	Period continuously insured
£	£	£			

21. PREVIOUS INSURANCE – Has any similar insurance for this Firm or any Partner/Director been declined, cancelled or renewal refused? **YES/NO**

If "YES", please give details:

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22. QUOTATION REQUIRED

Limits of indemnity	£	£	£
Excess(Es)	£	£	£

#### DECLARATION

I/We declare that the above statements and particulars are true and I/We have not suppressed or misstated any material facts.

I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any subsequent contract of insurance.

Signed:.....Partner/Director      Date:.....

For and on behalf of:.....

PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS. COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

## CLAIMS/CIRCUMSTANCES SUMMARY

Date Notified	Details of Claim or Circumstance	Reserve and when Set	Payment and when paid	Open/ Closed
	Claimant:  Cause/Alleged Cause:  Current Status:			
	Claimant:  Cause/Alleged Cause:  Current Status:			
	Claimant:  Cause/Alleged Cause:  Current Status:			