



PROFESSIONAL INDEMNITY INSURANCE APPLICATION
FOR
CONSULTING ENGINEERS

W Denis Insurance Brokers Plc
(Professional Risks Division)

This form is to be returned to:

W Denis Insurance Brokers Plc
Brigade House, 86 Kirkstall Road
Leeds
LS3 1LS

Tel: 0113 243 9812
Fax: 0870 705 2085
E: info@wdenis.co.uk



This form asks questions about your *Professional Indemnity Insurance* requirements only. The W Denis Group of Companies deal with every class of general insurance as well as financial services. If you are not already insured with us, please specify below should you require a quotation or further information about any other policy. We shall then contact you to give our professional advice and/or to obtain the relevant information to provide suitable quotations:

If any of these are required please either tick the box or specify your renewal month:	
Office / Commercial Combined	
Contractors All Risks / Plant / Hired in Plant	
Employers, Public & Product Liability	
Directors & Officers Liability / Trustee Liability	
Employment Practices Liability	
Crime & Fraud (for partnerships, companies or pension schemes)	
Motor / Fleet	
Group Personal Accident / Sickness	
Private Medical Insurance	
Credit Insurance &/or Political Risks*	
Life Assurance &/or Keyman &/or Pensions &/or Critical Illness+	
The above list is not exhaustive. If you require assistance with any other specialist classes, please ask.	

W Denis Insurance Brokers Plc deal with every class of general insurance, other than:

* W Denis Credit Risks Ltd deal with Credit Insurance and Political Risks.

+ W Denis Financial Services Ltd advise on Life Assurance, Keyman, Pensions, Critical Illness etc.

CONSULTING ENGINEERS
PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM

1. a) Name(s) of the Firm(s) and Former Firm(s) requiring coverage:

b) Date(s) of commencement and cessation of the above Firm(s):

2. a) Principal Address:

b) All other locations by Town only (or Country if overseas):

3. a)

Names of all Partners/Directors	Qualifications	Date Qualified	How long as Partner/Director of the Firm(s)

- b) Is cover required for any Partner/Director for his liability prior to joining the Firm(s)? **YES / NO**

If 'YES' please give details:

Name of Partner(s) or Director(s)	Name of Previous Firm(s)	Date of leaving previous Firm(s)

- c) Please state total number of staff:

Qualified	Other (ex Administrative)	Administrative	Contract Hire/ Self employed
.....

- d) Is cover required for any Consultant to whom work is sub-contracted? **YES / NO**

If 'YES' please provide such Consultant's name and qualifications.

4. a) Financial Year End Date / /

Year	UK Based Contracts	Overseas Based Contracts
	£	£
20.....	£	£
20.....	£	£
20.....	£	£
20.....	£	£
20.....	£	£

- b) i) Please state Gross Fee
Income received for each
of the last five completed
Financial Years

- ii) Estimated Gross Fee Income
for the current Financial Year

20.....	£	£
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- c) Please state for the last completed Financial Year the Gross Fees:-

- i) paid to Consultants and/or sub-contractors: £
- ii) received from ABORTIVE WORK where there is no likelihood of any future construction: £

5. Please indicate as approximate percentages of Gross Fee Income for the last completed Financial Year:

a)	i) Civil Engineering	i)	%
	ii) Structural Engineering	ii)	%
	iii) Mechanical Engineering	iii)	%
	iv) Electrical Engineering	iv)	%
	v) Heating & Ventilating Engineering	v)	%
	vi) Chemical Engineering	vi)	%
	vii) Soil Engineering	vii)	%
	viii) Nuclear Engineering	viii)	%
	ix) Other (please specify)	ix)	%
			100%

b)	i) Bridges/Flyovers/Tunnels	i)	%
	ii) Dams/Mines	ii)	%
	iii) Roads	iii)	%
	iv) Harbours and Jetties	iv)	%
	v) Sewerage/Water Schemes	v)	%
	vi) Nuclear Projects	vi)	%
	vii) Chemical, Oil Installations or Refineries	vii)	%
	viii) High rise Contracts (10 storeys or more)	viii)	%
	ix) Schools, Hospitals, Municipal Buildings	ix)	%
	x) Mechanical Plant & Bulk Handling Equipment (including Silos etc)	x)	%
	xi) Commercial Developments	xi)	%
	xii) Historical Buildings	xii)	%
	xiii) Other Specialist Work (please specify)	xiii)	%
			100%

5. c)	i)	Where the Firm both designs and supervises/inspects* construction	i)	%
	ii)	Where the Firm supervises/inspects* construction from other designs	ii)	%
	iii)	Where the Firm provides design etc. but no supervision/inspection	iii)	%
	iv)	Where the Firm acts as Project Manager/ Co-ordinator*	iv)	%
				100%
d)	i)	Foundations/Underpinning/Soil Testing	i)	%
	ii)	Feasibility Studies where no construction involved	ii)	%

6. a) Please state the five largest home based contracts where construction has been started during the past six years:

Start Date	Description Of Contract	Total Contract Value	Firm's Contract Value	Extent of Service Provided	Completion Date

b) Has/have the Firm(s) undertaken any services where the 'end product' of such services was carried out in a foreign Country? **YES / NO**

If 'YES' please give details of the five largest contracts:

Country	Start Date	Description Of Contract	Total Contract Value	Firm's Contract Value	Extent of Service Provided	Completion Date

6. c) Has/have the Firm(s) ever entered into any contract where the jurisdiction applicable to that contract is subject to the laws of the United States of America or Canada? **YES / NO**

If **'YES'** please give following details:

Country	Start Date	Description of Contract	Total Contract Value	Firm's Contract Value	Extent of Service Provided	Completion Date

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7. a) Does/do the Firm(s) or any Partner(s)/Director(s) undertake any work for any other Partnership, Company or Organisation in which the Firm(s) or such Partner(s)/Director(s) has/have a financial association or interest? (Apart from shares held in Public Companies) **YES / NO**

If **'YES'** please give details:

- b) Does/do the Firm(s) or any Partner(s)/Director(s) exercise a controlling interest in any of the above Partnerships, Companies or Organisations? **YES / NO**

If **'YES'** please give details:

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8. a) Is/are the Firm(s) or any Partner(s)/Director(s) a member of a Joint Venture or Consortium or working in association with any other Partnership, Company or Organisation? **YES / NO**

If **'YES'** please give details:

- b) Has/have the Firm(s) or any Partner(s)/Director(s) previously been a member of a Joint Venture or Consortium or worked in association with any other Partnership, Company or Organisation? **YES / NO**

If **'YES'** please give details:

9. a) Please give details of existing Professional Indemnity Insurance:-

<u>Expiry Date</u>	<u>Insurer</u>	<u>Limit</u>	<u>Excess</u>
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b) Has any Proposal for similar Insurance made on behalf of the Firm(s), any former Firm(s) or any Partner(s)/Director(s), ever been declined or has any such Insurance ever been cancelled or renewal refused? **YES / NO**

If **'YES'** please give details.

c) What is the amount of Indemnity required?

£

d) What is the amount of excess the Firm(s) would be prepared to bear in respect of each claim?

£

10. Is the Proposer aware, AFTER FULL ENQUIRY

a) of any claim having been made against the Firm(s) or former Firm(s) or its/their present and/or past Partner or Directors whilst in this/these Firm(s) or any former Firm(s)? **YES / NO**

b) of any circumstances which are likely to give rise to a claim against the Firm(s) or former Firm(s) or its/their present and/or past Partners or Directors? **YES / NO**

If **'YES'** to either of these questions please give full details, including dates and amounts or potential amounts involved.

PLEASE NOTE IT IS IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS.

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. I/We undertake to inform Underwriters of any material alteration to these facts occurring before or after inception of the Contract of Insurance. Signing this proposal does not bind the Proposer or Underwriters to complete this Insurance.

Dated this day of 20

For and on behalf of:
(Insert name of Firm(s))

Signature of Partner or Director:.....

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

IMPORTANT

Disclosure of material facts or information.

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an Insurance, reveals to the prospective Underwriters any material facts or information (including any material circumstances or change in circumstances) which might influence the judgement of Underwriters in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the Contract of Insurance voidable from inception at the option of Underwriters and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek your Broker's advice.