



PROFESSIONAL INDEMNITY INSURANCE APPLICATION

FOR THE

DESIGN AND CONSULTING DEPARTMENT

OF A

BUILDING OR ENGINEERING CONTRACTOR

**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.

Please complete all of the questions in this Proposal Form in ink, continuing the answers on your headed notepaper where there is insufficient space. A director of the Firm must sign and date this Proposal.

1. Title of the Firm (including any former Firms and subsidiary Companies for which cover is required)

2. Principal address of the Firm:

3. Date on which the current Firm commenced:
 Dates on which the previous Firms commenced:
 Dates on which the previous Firms ceased:

Names of all Directors and Senior Members of Staff	Qualifications	Date Qualified	Length of Time With this Firm

5. Please state the total numbers of the following:

- a) Directors
- b) Professionally qualified Architects, Engineers and Surveyors
- c) Other technical or qualified staff
- d) Others

NB Please supply a Curriculum Vitae for each person included in 5(c) whom you wish to be insured

6. Please provide details of the five largest contracts undertaken by the Design and Consulting department where construction started during the last five years.

Start Date	Approximate Completion Date	Firm's Contract Value	Total Contract Value	Description of Services Performed

7. Please provide details of five typical contracts undertaken by the Design and Consulting department where construction started during the last five years.

Start Date	Approximate Completion Date	Firm's Contract Value	Total Contract Value	Description of Services Performed

8. a) Please state for each of the following the approximate percentages of the total work carried out by the Design and Consulting department in the last financial year

Architectural	%	Chemical Engineering	%
Civil Engineering	%	Soil Engineering	%
Structural Engineering	%	Nuclear Engineering	%
Mechanical Engineering	%	Surveying	%
Electrical Engineering	%	Others (Please provide details):	%
Heat & Ventilation Engineering	%		100%

b) **Home Building** **Design Only** **Design and Construction**

Individually Designed	%	%
Multiple Low Rise	%	%
Multiple High Rise	%	%
Modular (repetitive design)	%	%

Public/Commercial Buildings

Hospitals	%	%
Schools/Universities	%	%
Offices/Retail/Warehouse	%	%

Engineering Construction

Highways	%	%
Bridges/Tunnels/Dams	%	%
Harbours/Jetties	%	%
Sewage/Water schemes	%	%

Industrial

Power/Manufacturing Plants	%	%
Refineries/Petrochemical Installations	%	%
Mechanical Plant/Bulk Handling Equipment	%	%
Industrial Building Systems	%	%
All Other (Please provide details)	%	%
	100%	100%

9 Please state the Firm's total gross Turnover for each of the last five completed financial years:

Year	UK Contracts	Overseas Contracts

Financial Year Ending

10. Please provide details of the Firm's turnover as follows:

	Last Completed Financial Year		Estimate for Next Financial Year	
	Home	Overseas	Home	Overseas
(a) Turnover where the Firm Designs and Constructs from their own Design and provides full Technical Supervision				
(b) Fees where the Firm provides Design and Technical services only. (ie. No Construction is performed by the Firm)				
(c) Fees where the Firm provides Project Management or Supervision of Construction services only. (ie. no Construction is performed by the Firm)				
(d) Turnover where the Firm Constructs from others Design performed on behalf of the Firm				
(e) Turnover where the Firm Constructs from others Design and others Technical Supervision, performed on behalf of the Firm				
(f) Other Turnover not mentioned above. (Please provide details):				
Total				

11. Does the Turnover declared in 10(f) include any Professional Advice or Design provided by the Firm? YES NO
If YES, please provide full details including the approximate Turnover involved:

12. Do you engage in, or are you responsible for the manufacture or fabrication of any pre-engineered unit? YES NO
If YES, please provide full details and explain where the relevant Turnover has been declared in Question 10.

13. Please provide details of any substantial changes and major new projects being undertaken during the next twelve months.

14. Do you ensure that any consultants for which you are responsible have a Professional Indemnity policy? YES NO

15. Do you have a formal quality assurance or control programme in force? YES NO
If YES, please provide full details:

16. a) Does any client or contract represent more than 50% of your annual work? YES NO

b) Have you ever failed to complete a project? YES NO

If YES, please provide full details:

17. Does the work carried out consist of well established techniques? YES NO

If NO, please provide full details:

18. a) Does this Firm or any Director have a financial interest or any Association with any other Practice, Company or Organisation? YES NO

If YES, please provide details

b) Is this Firm, or any Director, a member of a consortium? YES NO

If YES, please provide the names of the other Members/Partners, and details of their capacities in the consortium:

19. Please indicate the level of indemnity required.

£100,000 £250,000 £500,000 £1,000,000 OTHER
 £

20. Please give very careful consideration to the following two questions. It is absolutely essential that these questions are answered correctly and failure to do so could well prejudice your rights.

- a) Have any claims for professional negligence, error or omission been made against this Firm or any of its present or former Directors whilst acting at this or any other Firm?
- YES NO
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If YES, please provide full details, including the amounts involved.

- b) Are any of the Directors or employees, AFTER FULL ENQUIRY, aware of any circumstances which **may** give rise to a claim against this Firm or its predecessors in business or any of the present or former Directors?
- YES NO
-

If YES, please provide full details, including the potential amounts involved.

21. a) Does this Firm currently hold Professional Indemnity Insurance? YES NO
 If YES, please state:

i) Name of Insurers	
ii) Indemnity Limit	
iii) Policy Excess	
iv) Date of Expiry of Policy	

b) Has the Firm been continuously insured from its inception? YES NO

If NO, please advise the number of years continuously insured to date:

c) Has any Insurer ever:

	YES	NO
i) Declined to offer insurance for this Firm or any Director?	<input type="checkbox"/>	<input type="checkbox"/>
ii) Imposed any special terms?	<input type="checkbox"/>	<input type="checkbox"/>
iii) Cancelled or voided an insurance Policy?	<input type="checkbox"/>	<input type="checkbox"/>

If YES, please provide full details:

I/We declare that, AFTER ENQUIRY, 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 be the basis of any Contract of Insurance effected thereon.

I/We undertake to inform Underwriters of any material alteration to these facts occurring before or after completion of the Contract of Insurance.

Dated this day of 20

Signature of Director

Signing this Proposal form does not bind either the Proposer or Underwriters to complete a Contract of Insurance. 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.