

**ARCHITECTS & ENGINEERS
PROFESSIONAL
INDEMNITY INSURANCE**

PROPOSAL FORM

ABOUT THIS PROPOSAL FORM

Please have a Principal, Partner or Director of the business fill out, sign and date this form.

The information given must be accurate and all facts that may influence the Insurer's consideration of this proposal must be disclosed, as failure to do so will render this insurance void.

Please try to give as much information as possible, as the more thoroughly insurers understand your business the more specific the insurance and premium they may offer can be. Therefore, if you have any business literature it would be useful to send this along with the proposal form.

It is important that all questions are answered and that no blank spaces are left.

If there is not enough room to answer a question as fully as desired, please continue on a separate piece of paper and attach it to this form.

Filling out of this proposal form in no way obliges either you or the insurers to enter into a contract of insurance.

E.U. DISCLOSURE CLAUSE (UK) ONLY APPLICABLE TO PRIVATE INDIVIDUALS AND SOLE TRADERS, WHERE THERE IS A LLOYD'S PARTICIPATION IN THE INSURANCE PLACEMENT.

Notice to the Proposer/Assured.

The Parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law.

Any enquiry or complaint should be addressed in the first instance to your Broker.

If you are not satisfied with the way a complaint has been dealt with you may ask the Complaints and Advisory Department at Lloyd's to review your case without prejudice to your rights in law. The address is:

Complaints Department
Lloyd's,
One Lime Street, LONDON EC3M 7HA Telephone 020 7327 5693
LSW 1002 (02/99) (amended).

Business Details

1

Name Address

Telephone
Facsimile
Web Site

Email

2 When was your business established?

/ /

3 Do you have any associated or subsidiary businesses?
(please delete as appropriate)

Yes
No

If so please give details below

Name

Address

Telephone

Name

Address

Telephone

4 Do you wish this insurance to cover the above named companies?
(please delete as appropriate)

Yes
No

If so, then the information given in this proposal form must relate to all the businesses listed above.

5 If the name and/or character of your firm has changed over the last five years, or if you have been involved in any merger or take-over, then please give details below.

--

6 If any Principal, Partner or Director has a managerial, financial or controlling interest in any other business please give details below

--

--

7 Please give the following details for all the Partners, Principals or Directors of the Firm

Name	Qualifications/ Date Qualified	Title and how long a Principal, Partner or Director of this firm	Numbers of years experience in this field

8 Please state the total number of staff you have in the following categories (Please do not include Principals, Partners or Directors in this question)

	Home based	Overseas based		
Technical/Qualified staff	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	
Administrative/secretarial staff/other	<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	

- 9 If cover is required for any Principal, Partner or Director for work they carried out with a previous firm then please fill out the details below.

Name	Former Firm	Period with that firm	Position held

- 10 Please complete the following table for the past, present and forthcoming (estimate) year income

	Past Year	Present Year	Future Year
Ireland & UK Operations:			
Construction Values	€	€	€
Gross Fees received	€	€	€
Overseas Operations:			
Construction Values	€	€	€
Gross Fees received	€	€	€
Total	€	€	€

NB. If you carry out work outside of the USA or Canada for USA or Canadian clients and your contract with them is not strictly subject to Irish or UK law in the Irish or UK courts then such work must be disclosed in the box below

--

11 Please provide an approximate percentage split of the disciplines undertaken

	UK Based Contracts	
Architectural work	%	
Town Planning / Feasibility Studies	%	
Civil Engineering	%	
Structural Engineering	%	
Mechanical Engineering	%	
Electrical Engineering	%	
Heating & Ventilation	%	
Interior Design / refurbishment	%	
Chemical Engineering	%	
Soil Engineering	%	
Nuclear Engineering	%	
Quantity Surveying	%	
Structural Surveys / Inspection reports	%	
Valuations	%	
Other work (Please specify)	%	

12 Please indicate as a percent of total work the extent of the following activities

Individual Dwellings	%	Schools / Universities	%	
Low Rise Multiple Dwellings	%	Hospitals / Nursing Homes	%	
High Rise Multiple Dwellings	%	Sports Centres	%	
Bridges / Flyovers	%	Offices / Commercial Retail	%	
Dams / Mines	%	Industrial Building	%	
Harbours & Jetties	%	Churches / Cathedrals	%	
Sewerage / Water Schemes	%	Mechanical & Bulk		
Nuclear Projects	%	Handling Plant	%	
Chemical / Refineries	%	Other (Please Specify)	%	
Foundations / Underpinning	%	Total	100%	

13 Please answer the following giving an approximate % breakdown of your activities during the last financial year

Where you both design and supervise/inspect construction	%
Where you supervise/inspect construction for someone else's design	%
Where you provide design but no supervision/inspection	%
Where you act as a Project Manager/Co-ordinator	%

14 If any of the splits of income does not accurately reflect the split in the past or what it will be in the future, please explain why below

15 What percentage of your gross income do you pay to sub-contractors or outside consultants? %

16 Which work do you use them for?

17 How do you vet the quality of the sub-contractors that you use?

18 Are Sub-Contractors undertaking work for you required to hold their own Professional Indemnity Insurance?
(please delete as appropriate)

Yes
No

If Yes, for what amount?

Limit

€

19 How do you control and review the work that sub-contractors undertake for you?

--

20 Please give details of your five largest contracts carried out over the last five years

Start Date	Completion Date	Your role in the contract	Total Contract Value	What was your fee element?

21 Please give details of any major new operations being undertaken during the next twelve months.

--

22 Does any contract or client represent more than 50% of Annual work?
(please delete as appropriate)

Yes
No

If YES, please provide full details

--

23 If you are currently insured for Professional Indemnity please give the following details

Name of Insurer	
Limit of Indemnity	
Current Excess	
Premium	
Expiry Date	

24 Has any Proposal for similar insurance made on behalf of the Firm(s), any predecessors in business, or present partners, ever been

Yes
No

declined or has any such insurance ever been cancelled, renewal refused,
or special terms imposed?
(please delete as appropriate)

If YES, please provide full details

25 Do you require insurance for:

Loss of Documents YES/NO Dishonesty of Employees YES/NO Libel & Slander YES/NO

If YES, then what Limit €5,000 €10,000 €25,000

26 What is the amount of Indemnity required?

€

27 What is the amount of excess which your Firm would be prepared to carry in respect of each claim? (Please note Underwriters require minimum excesses, depending on the size of the Firm and the type of activities undertaken)

€

Claims Declaration

1 Has any claim been brought against you arising out of the performance of your business activities or has anyone threatened to bring such a claim?

If YES, please provide full details:

-
- 2 Are you aware of any circumstance(s) (including any complaints or criticisms of your activities) which may lead to a claim against you in the future?

If YES, please provide full details:

- 3 Have you suffered any loss from fraud, dishonesty or malice?

Do you currently have any grounds for suspecting that you may suffer loss through fraud, dishonesty or malice?

If YES to either please provide full details:

Material Information

Please provide us with details of any other information which may be relevant to the insurers' consideration of this proposal for insurance.

Declaration

- 1 I/We declare that this proposal form has been completed after proper enquiries of all Partners, Principals and Directors, and that the contents are true and accurate and that all facts and matters which may be relevant for consideration of our proposal for insurance have been disclosed.
- 2 I/We undertake to inform insurers before any contract of insurance is concluded of any material change to the information already provided or any new fact or matter which may be relevant to the consideration of the proposal for insurance that comes to light.
- 3 I/We agree that this proposal form and all other written information which is provided will be incorporated into and form the basis of any contract of insurance, should one be concluded.

Signature of
Principal/Partner/Director
(please delete as appropriate)

Name of signatory (in capitals)

Date