

Professional Indemnity Insurance for Architects & Engineers Proposal Form

Instructions

Please provide a full answer to every question. Where there is insufficient space to answer a question please enclose additional sheets. The form and any separate sheets should be completed, signed and dated by a principal, partner or director.

1 Your details

a) Full business name:

Date established

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b) Main office address:

Other locations

Email address

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Website www.

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c) Please list any predecessor business that requires cover:

Name

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Date commenced

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Date ceased

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Reason for cessation

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Name

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Date commenced

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Date ceased

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Reason for cessation

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1 Your details (continued)

d) Nature of business/profession:

e) Please advise of any professional body or trade associations to which you belong:

Note:

Please continue on a separate sheet if more space is required.

2 Principal/Director details

a) Please give details of all principals/partners/directors:

Name	Age	Occupation	No. of years in this capacity with you	No. of years industry experience

b) Has any principal, partner or director been involved in any other business in the past five years which has been declared bankrupt, insolvent or gone into liquidation? Yes No

If 'Yes', please give details of the business including name, address, trade and dates:

Note:

Please continue on a separate sheet if more space is required

3 Staff details

Please state the number of:

a) Principals/partners/directors							
b) Professionally qualified architects and engineers							
c) Other technical or qualified staff							
d) Others							

4 Business income

Please state:

a) Month of financial year end

b) Gross turnover/fee income for the past year and an estimate for the current and forthcoming year for work undertaken in:

	Past year ending	Current year	Coming year
ROI	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Other EU*	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Other Europe*	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
USA/Canada not subject to USA/Canada law*	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
USA/Canada subject to USA/Canada law*	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
Other overseas *	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>
TOTAL	€ <input type="text"/>	€ <input type="text"/>	€ <input type="text"/>

* Please provide details of work and countries involved

Note:

Please continue on a separate sheet if more space is required.

5 Business activities

a) Please provide full details of all activities undertaken (if you have a brochure detailing your operations, please forward a copy):

Note:

Please continue on a separate sheet if more space is required.

b) Please provide details of fees earned for the last fully completed financial year in the following categories:

Category	ROI contracts %	Overseas contracts%
Architectural services	<input type="text"/> %	<input type="text"/> %
Heating and ventilation engineering	<input type="text"/> %	<input type="text"/> %
Refrigeration engineering	<input type="text"/> %	<input type="text"/> %
Electrical engineering	<input type="text"/> %	<input type="text"/> %
Civil engineering	<input type="text"/> %	<input type="text"/> %
Structural engineering	<input type="text"/> %	<input type="text"/> %
Mechanical engineering	<input type="text"/> %	<input type="text"/> %
Process engineering	<input type="text"/> %	<input type="text"/> %
Soil engineering/Site investigation	<input type="text"/> %	<input type="text"/> %
Setting-out	<input type="text"/> %	<input type="text"/> %
Chemical/Petrochemical/Nuclear/Atomic engineering	<input type="text"/> %	<input type="text"/> %

5 Business activities (continued)

	ROI contracts %	Overseas contracts %
Project co-ordination	%	%
Project management	%	%
Building/structural surveying	%	%
Non-valuation	%	%
Including valuation	%	%
Quantity surveying	%	%
Town planning activities	%	%
Landscape architecture	%	%
Planning supervisory activities	%	%
Interior design/refurbishment	%	%
Non-structural	%	%
Structural	%	%
Feasibility studies	%	%
Aborted work	%	%
Expert witness	%	%
All other work (please give details below)	%	%
TOTAL	100%	100%

Note:

Please continue on a separate sheet if more space is required.

c) Please provide a breakdown of your fees earned for the last completed financial year in the following contracts:

	% of fees
Air conditioning for clean rooms	%
Amusement rides	%
Aviation/Automotive/Railway/Shipping	%
Cladding/Curtain walling/Glazing	%
Commercial low rise (less than 5 storeys)	%
Commercial high rise (more than 5 storeys)	%
Residential Low rise (less than 5 storeys)	%
Residential high rise (more than 5 storeys)	%
Dams/Harbours/Jetties/Piers/Off-shore installations/Marine projects	%
Demolition	%
Fire protection/Security systems	%
Flooring/Roofing	%
Foundations/Underpinning/Piling	%

5 Business activities (continued)

	% of fees
Highways/Roads/Groundworks	%
Industrial systems/Mechanical plant/Bulk handling equipment	%
Leisure development/Sports complex	%
Lifting equipment	%
Pipework/Tanks/Vessels/Silos	%
Schools/Hospitals/Municipal buildings	%
Sewage and water schemes	%
Toxic waste/Asbestos/Landfill	%
Tunnels/Mines/Bridges	%
Other specialist work (please give details below)	%
TOTAL	100%

Note:

Please continue on a separate sheet if more space is required.

6 Contracts

a) 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	<input type="text"/>	
End date	<input type="text"/>	
Total contract value	€ <input type="text"/>	
Your contract value	€ <input type="text"/>	

Name/Business of client		Description of contract:
Start date	<input type="text"/>	
End date	<input type="text"/>	
Total contract value	€ <input type="text"/>	
Your contract value	€ <input type="text"/>	

Note:

Please continue on a separate sheet if more space is required.

6 Contracts (continued)

Name/Business of client

Start date

Description of contract:

End date

Total contract value € Y

€

Name/Business of client

Start date

Description of contract:

End date

Total contract value € Y

€

Name/Business of client

Start date

Description of contract:

End date

Total contract value € Y

€

b) Please provide full details of your three largest contracts anticipated in the next 12 months:

Name/Business of client

Start date

Description of contract:

End date

Total contract value €

Your contract value €

Name/Business of client

Start date

Description of contract:

End date

Total contract value € Y

€

Note:
Please continue on a separate sheet if more space is required.

6 Contracts (continued)

Name/Business of client

Start date

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End date

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Total contract value

€

Your contract value

€

Description of contract:

c) Please provide details of your largest and average fee for the last completed financial year:

Largest

€

Average

€

7 Your business

a) Do you utilise sub-contractors or consultants?

Yes

No

If 'Yes', please advise:

i) the percentage of your gross fees to be paid to sub-contractors or consultants in the current financial year?

%

ii) the nature of work for which they are used?

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iii) details of selection and management criteria?

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b) i) Do you or any principal, partner or director act on behalf of or undertake work for any firm, company or organisation in which you or any principal, partner or director has a financial interest?

Yes

No

ii) Does any principal, partner or director perform an executive role or hold a position whereby they are able to make major policy decisions on behalf of such firm, company or organisation?

Yes

No

If 'Yes' please provide full details:

Note:

Please continue on a separate sheet if more space is required.

c) Do you undertake any contract which involves:

i) manufacture, construction, installation, maintenance, repair, alteration or treatment?

Yes

No

ii) the sale or supply of goods or products?

Yes

No

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

Note:

Please continue on a separate sheet if more space is required.

7 Your business (continued)

d) i) Have you undertaken any work or do you intend to undertake any work outside of the ROI? Yes No

If 'Yes', please provide details as follows:

Country		Description of contract & services provided:
Start date	<input type="text"/>	
End date	<input type="text"/>	
Firm's contract value	€ <input type="text"/>	
Total contract value	€ <input type="text"/>	

Country		Description of contract & services provided:
Start date	<input type="text"/>	
End date	<input type="text"/>	
Firm's contract value	€ <input type="text"/>	
Total contract value	€ <input type="text"/>	

ii) Do you work other than from your ROI offices? Yes No

iii) Do you enter into contracts where the jurisdiction is other than Irish courts? Yes No

If 'Yes' to ii) or iii) above, please provide details including jurisdiction, description etc:

Note:

Please continue on a separate sheet if more space is required.

c) Are you or have you been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership? Yes No

If yes, special arrangements must be made with Insurers. Please provide full details including dates, names of other parties and their respective capacities, together with copies of any contracts or agreements:

Note:

Please continue on a separate sheet if more space is required.

8 Risk management

a) Please confirm that:

i) work undertaken by staff is regularly reviewed by a principal or qualified manager? Yes No

ii) working papers including records of all contracts, letters of engagement, client meetings and telephone calls are retained for at least 5 years? Yes No

iii) a formal review of working procedures is undertaken at least annually? Yes No

iv) written procedures or checklists are used for professional/technical services provided? Yes No

v) all cheques over €30,000 require two signatories? Yes No

vi) cash books, receipts, counterfoils and bank statements are checked independently by a principal, director or partner at least monthly? Yes No

8 Riskmanagement (continued)

- vii) procedures are in place to ensure prior to any contract being amended or agreed, the contract specifications can be met and all customer requirements can be satisfied? Yes No
- viii) all offices are under the day to day control and supervision of a principal and arrangements are in place for the office supervision in the event of a principal's absence? Yes No
- ix) you have standard procedures for regular review of ongoing contracts internally and with clients? Yes No
- x) satisfactory written references are always obtained for new employees? Yes No
- xi) contracts or terms of acceptance, including any changes, are evidenced in writing, specify the work to be undertaken and the extent of your responsibility? Yes No

If 'No' to any of the above, please give details below:

- b) Are you accredited to or in the process of becoming accredited to I.S EN ISO 9000 Quality Systems or subject to any other form of external assessment? Yes No

If 'No', do you take steps to ensure:

- i) you adequately understand the client's requirements? Yes No
- ii) the client fully understands the scope of your proposed services? Yes No

9 Previous insurance

- Has any insurer ever declined, cancelled, refused to renew or required an increased rate or special conditions in respect of the insurance to which this proposal relates? Yes No

If 'Yes' to any of the above, please give details below:

Note:

Please continue on a separate sheet if more space is required.

10 Current insurance

Please advise:

a) Date of expiry of current Professional Indemnity Policy

b) Name of insurer

c) Limit of indemnity

d) Excess

e) Premium

f) Retroactive date

11 Requested cover

Limit of indemnity required

€

Excess required

€

12 Claims and circumstances

- a) In respect of any of the liabilities to be covered by this insurance has any claim whether successful or not been made against and/or loss suffered by you, any predecessor or any present or former principal, partner or director either individually or otherwise? Yes No

If 'Yes', please provide full details to include year of incident, amounts involved, details of the circumstances and steps taken to prevent a recurrence of the situation:

Note:

Please continue on a separate sheet if more space is required.

- b) After full inquiry is any principal, partner, director or employee aware of any claim pending and/or any circumstance existing which might give rise to any claim by or against you, any predecessor or any present or former principal, partner or director? Yes No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

- c) Has any disciplinary action been taken by any outside professional or regulatory body against any principal, partner, director or employee? Yes No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

- d) i) Have you suffered any loss from the dishonesty or malice of any partner, director, employee or self-employed subcontractor or consultant? Yes No

- ii) After reasonable inquiry, do you have any grounds for suspecting that any partner, director, employee or self-employed subcontractor or consultant has acted dishonestly or maliciously? Yes No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

- e) After inquiry is there any matter which might otherwise affect the consideration of this proposal for insurance? Yes No

If 'Yes', please provide full details:

Note:

Please continue on a separate sheet if more space is required.

Data Protection

We collect your personal details in order to provide the highest standard of service to you and take great care with the information provided i.e. to keep it secure and to ensure it is only used for legitimate purposes. To fulfil these objectives we may share information with other affiliated professionals. The information provided to our firm may be used from time to time to advise you of the products and services that we offer – this service may also be carried out by third parties unauthorised to act on our behalf. You have the right to request a copy of any 'personal data' within the meaning of the Data Protection Act 1988 and 2003 (as amended or re-enacted) that our office holds about you and to have any inaccuracies in that information corrected. Requests should be forwarded to the Compliance Officer, Campion Insurance Ltd with your details to request the information you require

Complaints Procedure

We have a written procedure in place for the effective handling of complaints. Any complaints should be addressed in writing to the Compliance Manager, Campion Insurance Ltd, Modern Plant Building, Naas Road, Dublin 22 Each complaint will be acknowledged by us within 5 working days and updates will be advised in intervals of not more than 20 working days. We will make every effort to resolve the complaint within 40 working days and findings will be furnished to you within 5 working days of completion of the investigation. In the event that you are not satisfied with the firms handling of and response to your complaint, you can contact the following:

- Financial Services Ombudsman, 3rd Floor Lincoln House, Lincoln Place, Dublin 2.
Tel. 1890 882090 / Fax 01-6620890 / email: enquiries@financialombudsman.ie
- The Offices of the Pensions Ombudsman, 36 Upper Mount Street, Dublin 2.
Tel. 01-6471650 / Fax 01-6769577 / email: info@pensionsombudsman.ie

Declaration

1. I declare to the best of my knowledge and belief that the information given on this form is true in every respect.
2. I declare that if anything on this form was written by another person he or she acted as my agent for this purpose.
3. I agree that this proposal and declaration shall be the basis of the contract between me and the Insurer.

IMPORTANT NOTICE: Failure to disclose material facts could result in your contract being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it. A copy of this proposal form is available on written request within three months from the date of this proposal.

Full details of the cover provided appears in the policy document, a copy of which is available on request. Telephone calls may be recorded for security and training purposes. The Insurer reserves the right to decline any proposal.



Signature

Please sign and date.

Signature
X

Print name

Position

Date

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PLEASE PROVIDE ANY ADDITIONAL INFORMATION ON THIS PAGE