

Keeping our eyes on your business

DUAL EVOLUTION (Architects)

Proposal Form

PLEASE ENCLOSE WITH THIS PROPOSAL FORM:

- A. The last Financial statement of the Organisation
- B. A copy of your standard contract
- C. A sample of your corporate brochure/literature

Your DUAL Professional Insurance Certificate is issued on a CLAIMS MADE basis.

When completing this Proposal Form...

- Please answer all questions giving full and complete answers

It is the duty of the Proposer to provide all information that is requested in the proposal form as well as to add additional material facts.

A material fact is such known fact and/or circumstance that may influence the insurer in the evaluation of the risk. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question
- The proposal form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting professional indemnity insurance for the firm who acts as a Proposer.

This proposal form does **NOT BIND** the Proposer to complete the insurance but will form part of any insurance

Details of the Practice

1. Name/s (including trading names) of the Proposer/s and subsidiaries:

	Date Commenced

2. Please state the business activities of the firm

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3. Principal Address of the firm

Website address:	Email address
Telephone Number	Fax Number

4. List all the Principals, Partners, Directors or Members? :

Name in full of all Principals, Partners, Directors or Members?	Qualifications	Date Qualified	How long as a Principal with the Proposer/s	Full time or Part time

5. Is cover required for any past Principals, Partners, Directors or Members?

Yes

No

If Yes, please state:

Name	Qualifications	How long with Proposer/s

6. Is cover required for previous business activities of any Principals, Partners, Directors or Members?? Yes No

N.B. THE PREVIOUS BUSINESS ACTIVITIES MUST BE THE SAME AS THE CURRENT BUSINESS ACTIVITIES OF THE PROPOSER

If Yes, please state:

Name of Principal			
Name of Previous Firm			
Period	From / / To / /	From / / To / /	From / / To / /
Fees for the last 3 years	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £	Y/E / / £ Y/E / / £ Y/E / / £
Reason for leaving			
Position in Firm			
Is there separate insurance covering the activities of this firm for the period stated above?			

7. Please state total numbers of:

Principals, Partners, Directors or Members		Contract Hired Staff	
Qualified Staff		Others	

8. Please state the name of any Professional body or Trade Association of which the proposer is a member

Professional Body	
Trade Association	

Fee Income

9.

a) Please provide the Firm's total fee income for each of the financial periods:

For Each of the last three financial years: Date / Month / Year	Average Fee	Largest Single Fee	Total Gross Fees
	£	£	£
	£	£	£
	£	£	£
Estimated Gross Fees for the Current Financial Year	£	£	£

a) Split of gross fees received in the last completed financial year or estimate for the first year trading

Architectural Consultancy	%	Project Co-ordination	%
Architectural work stages C to L – New Build	%	Project Management	%
Architectural work stages C to L – Non structural refurbishment	%	Property Valuations – Purchase or Lending Purposes	%
Building Surveying / Party Wall Surveys	%	Quantity Surveying	%
CDM / Planning Supervisor	%	Structural Surveying or Engineering	%
Expert Witness / Arbitration / Adjudication Work	%	Town Planning	%
Feasibility Studies	%	Other Work – please specify	%
Interior Design / Refurbishment	%	Aborted Work	%
Mechanical Engineering Consultancy	%	Fees paid to Consultants, Sub Contractors or Agents	%

b) Type of projects

Individual housing	%	Commercial buildings/shopping centres	%
Multiple housing	%	Industrial	%
Housing Association	%	Leisure excluding Swimming Pools	%
Schools/universities	%	Swimming Pools	%
Hospitals/municipals	%	Churches/ecclesiastical/charitable work/historic buildings	%
Other project types – please specify	%		%

c) Fee income location

London	%	UK Regional	%
Europe (excluding UK) – specify	%	Elsewhere - specify	%

10. Please list the countries involved in your overseas operations:

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11. If you undertake any work which is either domiciled in the USA or Canada or under their laws and jurisdiction please provide full details below:

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12. Have you undertaken any other activities in the past for which cover is required? Yes No
If Yes, please state:

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13. Do you appoint independent or specialist sub consultants? Yes No

If Yes, please state:

What percentage of gross income/fees was paid to specialists, designers or consultants in the last financial year?	%
Are specialists, designers or consultants required to carry professional indemnity insurance?	
Are financial checks carried out on specialists, designers or consultants who are appointed by you, prior to their appointment?	
Do you get an indemnity from specialists, designers or consultants, in writing?	
If Yes, to what limits	

Contracts

14. Please give details of the five largest contracts where construction has started in the past 6 years

Client	Start Date	Description	Extent of services	Total Contract Value	Fee	Approximate Completion Date
1						
2						
3						

4						
5						

Please give details of the five new projects where construction is likely to commence in the coming 12 months.

Client	Start Date	Description	Extent of Services	Total Contract Value	Fee	Approximate Completion Date
1						
2						
3						
4						
5						

15. Do you use a standard form of contract, agreement or letter of appointment? Yes No
 If Yes, please attach a copy

16. Have you ever or do you have any plans to be involved with the Building Schools for the Future programme? Yes No
 If Yes, please give full details on a separate page including details of whether the project is running to timescale and budget

17. Have you ever undertaken a contract which forms part of a PFI or PPP project? Yes No
 If Yes, please give full details on a separate page including details of whether the project is running to timescale and budget

18. Is the practices or any partner, director, member or principal whether presently or in the past been a member of a consortium, joint venture, single project partnership or group practice? Yes No

If Yes, please give full details (including names of contracts).

19. Does the practice or any partner, director, member or principal have any association with or financial interest in any other practice, company or organisation? Yes No

If Yes, please give full details (including names of contracts).

Current Insurance Arrangements

IF YOU ARE CURRENTLY INSURED BY DUAL CORPORATE RISKS PLEASE PROCEED TO THE NEXT SECTION

20. Please state:

Name of Current Insurers	
Name of your Broker	
Renewal date	
Limit of Indemnity	
Premium	
Deductible	

Current Insurance Requirements

21. Do you require insurance for:

- (a) Loss of Documents Yes No
- (b) Dishonesty of Employees Yes No
- (c) Libel & slander Yes No
- (d) Breach of Copyright Yes No
- (e) Unintentional Breach of Confidence Yes No

22. For what limit/s of indemnity are quotations required?

- £ 1,000,000
- £ 2,000,000
- £ 3,000,000
- £ 4,000,000
- £ 5,000,000
- Other – Please specify

Claims and Circumstances

23. a) After enquiry have any Professional Indemnity claims been made against the practice (s) and/or predecessors of the practice(s) and/ or your current and/or retired partner(s), director(s), or principal(s), either individually or otherwise, whether successful or not within the past ten years? Yes No

If Yes, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

23. b) After enquiry are any of the partners, directors, members or principals aware of any pending and/or circumstances which may give rise to a claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partner(s), director(s), member(s) or principal (s) Yes No

If Yes, please give details:

Date of claim/loss	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding

24. Has any previous insurer ever:
- (a) Declined proposal or renewal for the practice or any partner, director or principal? Yes No
- (b) Cancelled insurance? Yes No
25. Do you anticipate any major changes in your business activities in the forthcoming 12 months? Yes No
26. Is there anything else that you wish to bring to the Underwriters attention which was not asked in the proposal form Yes No

If Yes to any of the above, please give details

SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE

We declare that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. We agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this proposal relates, we will give immediate notice thereof. We agree that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

TO BE SIGNED BY A PERSON AUTHORISED BY THE BOARD ONLY

SIGNATURE		DATE	
NAME			
POSITION			

Dual Corporate Risks Ltd recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence)