

Keeping our eyes on your business

DUAL EVOLUTION (Consulting Engineers)

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 and Members:

Name in full of all Principals, Partners, Directors and 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 Principal, Partner, Director or Member?

Yes

No

If Yes, please state:

Name	Qualifications	How long with Proposer/s

6. Is cover required for previous business activities of any Principal? 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 and 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	

Activities of the Practice

9. Division of the company's design and reports

Please indicate the approximate percentage of the total fees the company derives from work where the main contract or interest is:

Approximate percentage
(if none, state 'None')

(a)	feasibility studies, reports, surveys, etc (where the company is not involved in actual design work)	%
(b)	bridges and/or tunnels	%
(c)	dams	%
(d)	mines	%
(e)	harbours and/or jetties and/or offshore installations	%
(f)	sewerage schemes	%
(g)	foundations and underpinning	%
(h)	soil testing	%
(i)	water schemes	%
(j)	nuclear or atomic projects	%
(k)	heating, ventilating and air conditioning	%
(l)	chemical, petro-chemicals and refineries	%
(m)	housing schemes (2-3 floors)	%
(n)	high rise building	%
(o)	schools, hospitals, municipal buildings	%
(p)	industrial systems buildings	%
(q)	mechanical plant and bulk handling equipment (including silos, etc)	%
(r)	other work including any specialist activities not shown above (please specify)	%
Total		100%

Supervision of construction		
(a)	Proportion of work where company both designs and supervises the actual construction	%
(b)	Proportion of work where company provides technical supervision of construction from the designs of other companies	%
Total		100%

Fees of the Practice and Construction Values

10. Please give the split of gross fees received in the last complete financial year which ended on:

_____ / _____ / 20

		UK	USA	OTHER
a)	Consulting Engineering			
1)	Civil			
2)	Structural			
3)	Soil & Foundation			
4)	Mechanical			
5)	Electrical			

6)	Heating and Ventilation			
b)	Architectural			
c)	Town planning/ quantity surveying			
d)	Structural surveyor inspection reports			
e)	Valuations on existing property			
f)	Planning Supervisor			
g)	Feasibility Studies			
h)	Expert Witness			
i)	Project Management			
j)	Project Co-ordination			
k)	Laboratory Analysis			
l)	Environmental			
m)	Aborted Work			
n)	Any work other than listed above, please give full details:			
	TOTAL (must be gross fees for the entire practice)			

11. Please give gross fees received during the past five years, (including the last 12 months)

YEAR	UK	USA	OTHER

12. Estimated fees for the coming 12 months

UK		USA		OVERSEAS	
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13. Please list the countries involved in your overseas operations:

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14. 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:

15 (a) Do you anticipate any major changes in your business activities in the forthcoming 12 months? Yes No
If Yes, please state:

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

16. (a) 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 financial checks carried out on specialists, designers or consultants who are appointed by you, prior to their appointment?	
Are specialists, designers or consultants required to carry professional indemnity insurance?	
Do you get an indemnity from specialists, designers or consultants, in writing?	
If Yes, to what limits	

17. (a) Please give details of the five largest contracts where construction has started in the past 6 years

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

(b) What is the total income received in the last financial year from your largest client? £

(c) What is the average fee received in the last financial year? £

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

19. 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

20. 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

21. 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).

22. 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).

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Current Insurance Arrangements

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

23. Please state:

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

Current Insurance Requirements

24. Do you require insurance for:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| (a) Loss of Documents | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) Dishonesty of Employees | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) Libel & slander | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) Breach of Copyright | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) Unintentional Breach of Confidence | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

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

- | | | | |
|-------------|--------------------------|------------------------|--------------------------|
| £ 1,000,000 | <input type="checkbox"/> | £ 2,000,000 | <input type="checkbox"/> |
| £ 3,000,000 | <input type="checkbox"/> | £ 4,000,000 | <input type="checkbox"/> |
| £ 5,000,000 | <input type="checkbox"/> | Other – Please specify | <input type="text"/> |

26. Do you require reinstatement of the limit of indemnity should a claim arise which erodes the original limit of indemnity (You may only reinstate the limit of indemnity once)

Yes No

Claims and Circumstances

27. 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

27. 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

28. 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

29. 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)