

Keeping our eyes on your business

DUAL EVOLUTION (Specialist)

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 provide a full description of your activities

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	£	£	£

b) Please categorise the activities that the firm undertakes and indicate the approximate percentage of the gross income or fees each represents

	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%

c) **Fee income location**

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

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

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:

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

13. Where do you perceive your exposure to claims lie? In what circumstances might you envisage a claim arising?

14. Are you involved in any process of manufacture, construction, alteration, repair, installation or sale or supply of products, other than in a pure consultancy capacity as previously described? Yes No

If yes please provide details:

15. 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

16. Please give details of the five largest contracts which have 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 largest new projects which are 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						

17. Do you use a standard form of contract, agreement or letter of appointment? Yes No

If Yes, please attach a copy

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 | <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"/> |

22. 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"/> |

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)

ADDITIONAL QUESTIONNAIRE FOR CONSTRUCTION RELATED ACTIVITES

1. Please give details of the Proposer's turnover

State when the financial year ends

		Past financial year			This Financial year		
		UK	USA Canada	Other	UK	USA Canada	Other
(i)	Turnover where the Firm designs and constructs from its own design and provides full technical supervision						
(ii)	Fees where the Firm provides design and technical services only (i.e. no construction is undertaken by the Firm)						
(iii)	Fees where the Firm provides project management or supervision of construction services only (i.e. no construction is undertaken by the Firm)						
(iv)	Turnover where the firm constructs from others' design performed on behalf of the Firm (i.e. where there is contingent design liability)						
(v)	Turnover where the Firm constructs from others' design and others' technical supervision						
(vi)	Other turnover not mentioned above (please give details) - these activities will not normally be covered						
	Total turnover for the whole group						

2. Please give an approximate percentage split of the disciplines within your design and consulting department:

Architectural	%	Interior Design	%
Civil engineering	%	Soil/ Foundations/ underpinning	%
Structural engineering	%	Environmental	%
Mechanical engineering	%	Surveying:	(i) land
Electrical engineering	%		(ii) quantity
Heating and ventilating engineering	%		(iii) building
Building services engineering	%	Others (please specify below)	%

3. Division of work design and reports:

- (a) Please indicate the approximate percentage of total work of the design and consulting department according to type:

(Delete as appropriate)

Approximate percentage (if none, state 'None')

		Design only	Design and Construct
Home building			
1.	Individual dwellings	%	%
2.	Low rise multiple dwellings	%	%
3.	High rise multiple dwellings	%	%
4.	Modular dwellings (involving repetitive design)	%	%
Engineering construction			
1.	Highways	%	%
2.	Bridges, overpasses, underpasses	%	%
3.	Dams, harbours, jetties, sea defences	%	%
4.	Tunnels, mines	%	%
5.	Railways, airports	%	%
6.	Sewage, water schemes	%	%
Industrial			
1.	Power plants	%	%
2.	Refineries and petro chemical installations	%	%
3.	Manufacturing plants, mechanical plant, bulk handling, equipment, silos, chimneys	%	%
4.	Industrialised systems building	%	%
5.	Heating, ventilating, air conditioning	%	%
Amenities			
1.	Hospitals and nursing homes	%	%
2.	Schools and universities	%	%
3.	Hotels and recreation centres	%	%
4.	High rise offices, others	%	%

General			
1.	Feasibility studies, reports, surveys, soil, sub-surface testing etc.	%	%
2.	Foundation, underpinning, piling	%	%
3.	Any other specialist activities not detailed above please specify:	%	%
		= 100%	= 100%

(b) Add here a statement of the type of work normally carried out whether consisting of well established techniques or of the nature of new and original thought developments, processes or designs employed.

4. 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

5. 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

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)