



Professional Indemnity Insurance
Proposal Form for Architects & Consulting Engineers

Important Notes

- A. Answer every question fully. If necessary attach separate sheets with information which can be incorporated into your declaration. As your policy approaches renewal date it is important that the details we hold about you are kept up to date and all material facts about the risk are declared.
- B. A Principal, Partner, Director or Member of the firm must complete the proposal and make all the necessary enquiries of their fellow Partners, Directors, Members and Employees.
- C. Wherever we ask questions on this declaration about you or your firm we mean you, your Partners, Directors, Members or Employees or any former Partners, Directors, Members or Employees of any firm for which cover is required under this insurance.
- D. Individuals forming a Limited Liability Partnership (LLP) are known as Members.
- E. The Insurance Act 2015 requires you to make a fair presentation of the risk. An insured, and their agents, are under a duty to disclose all material facts and circumstances to an insurer. You should carry out a search of the information held by you and the firm, and present the information in a clear and accessible format. The Act also places a duty of disclosure on brokers. As your brokers, we are obliged to disclose any material information relating to you and the firm that we are aware of, and which you may not have included in your presentation. Please ensure that the information you provide in this proposal is complete and can be easily interpreted and understood by the insurer.
- F. Certain professional bodies and/or regulators have specific requirements as to the cover you are required to purchase, including but not limited to the limit of indemnity an affiliated firm or member must carry. If you or your firm are regulated by or affiliated with any professional body or similar organisation, it is your responsibility to ensure that the cover you purchase is sufficient both for your needs and to satisfy the requirements of your professional body/regulator.

Your Firm

Name(s) of firm(s) to be insured:
(See important note C)

Firm's Principal Address:

 Postcode

Contact information

Telephone:

Fax:

Mobile:

Email:

Branch offices:

When was the firm first established:

Names of all Partners, Directors or Members <small>(Include your own details if you are a Sole Practitioner)</small>	Date of Birth	Period of time as a Partner, Director or Member	Professional Qualifications	Date Qualified

How many staff does your firm presently employ (excluding Partners, Directors or Members)?

Professionally Qualified	Technical	All Others

Is any Director, Partner, Member or Fee Earner regulated by a professional body?
e.g. The RIBA or The ARB

Yes No

If "Yes" please provide the name(s) of the professional body or bodies (see important note F)

What percentage of your gross fees was paid to sub-consultants last year?

%

Do you require any sub-consultants to be indemnified under your insurance?

Yes No

Do you use any sub-consultants who do not hold their own professional indemnity insurance?

Yes No

If 'Yes' to any of the above please provide details in the 'Additional Information' section of this form.

Your Fee Income

Provide details of your gross fees (excluding VAT) received in the last financial year and your estimated fees for the forthcoming year

	Last Completed Financial Year	Current/Forthcoming Financial Year (estimate)
United Kingdom		
Channel Islands or Isle of Man		
USA or Canada		
Elsewhere		
Total Fees		

Your Business Activities

Please provide a split of your gross fees received in the last complete financial year (this division should be as accurate as possible).
If recently established provide an estimated split of work for the forthcoming year

Architectural Work New Build	%
Architectural Work Non-Structural Refurbishment	%
Architectural Work Alterations/Refurbishment	%
Architectural Conservation Work	%
Architectural Consultancy	%
Interior Design	%
Principal Designer	%
Landscape Architecture/Garden Design	%
Town Planning	%
Civil Engineering	%
Structural Engineering	%
Geotechnical Engineering	%
Heating & Ventilation Engineering	%
Mechanical & Electrical Engineering	%
Building Surveying/Inspection Reports	%
Facilities Management	%
Feasibility Studies	%
Planning Supervisory Work	%
Project Co-Ordination	%
Project Management	%
Employers Agent	%
Quantity Surveying	%
Setting Out	%
Structural Surveys or Valuation Reports	%
All Other Business Activities (Provide Details Below)	%
	%
	%
Total	%

Please advise the approximate percentage split between the following types of project undertaken by the firm during the past 12 months

Individual Residential (up to 3 floors)	%
Multiple Residential (up to 3 floors)	%
Residential (more than 3 floors)	%
Hotels, Sports, Leisure	%
Healthcare	%
Education	%
Retail	%
Industrial	%
Railway	%
Other (Please Specify)	%

Roads, Bridges, Flyovers	%
Mines, Tunnels	%
Harbours, Jetties, Sea Defences	%
Dams, Locks	%
Airports, Airfields	%
Chemical, Petro-Chemical & Refineries	%
Power Generation	%
Waste Management	%
Nuclear & Atomic Projects	%
Total	%

Details of other business activities and other projects

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Please provide details of your three largest contracts undertaken in the last three years

Start/Finish Date	Description and Location	Total Contract Value	Your Fees	Services Provided by Your Firm

Please provide details of the three largest contracts where construction is expected to commence in the next twelve months

Period of Contract	Description and Location	Total Contract Value	Your Fees	Services Provided by Your Firm

Claims Experience

During the last six years, have any claims (successful or otherwise) been made against you or any other firm to be covered by this insurance? (See Important Note C) Yes No

Are you or any Partner, Director or Member, after having made full enquiries, aware of any circumstances which may give rise to a claim against you? (See Important Note C) Yes No

If 'Yes' to any of the above please provide the date of intimation, a brief description of claim, total payments/outstanding reserves including costs and confirmation of the current status in the 'Additional Information' section of this form.

Have all claims and circumstances which might give rise to a claim been reported to insurers? Yes No N/A

Overseas Work

Have you ever undertaken any work outside of the UK and/or undertaken any work where the 'end product' of such work is carried out outside the UK? Yes No

(Please note that if you answer "No" any quotations are likely to exclude such work)

Do you work under any jurisdiction other than United Kingdom of Great Britain and Northern Ireland? Yes No

Are you represented in any country outside the UK or do you have any reciprocal arrangements with a firm domiciled outside the UK? Yes No

If 'Yes' to any of the above please provide details in the 'Additional Information' section of this form, ensuring that you include contract values.

General Questions

Have you ever been refused professional indemnity insurance or has such insurance ever been cancelled or special conditions applied? Yes No

During the last six years, have you been the subject of a disciplinary proceeding by any professional organisation? Yes No

During the last three years have you ever undertaken work as an Approved Inspector in connection with the identification, evaluation, treatment, or removal of asbestos? Yes No

Do you supply any materials or other goods? Yes No

In the last three years have you participated in a consortium or joint venture? Yes No

Do you undertake work for any other firm, company or organisation in which you have a financial or controlling interest or which has a financial or controlling interest in your firm (other than as shareholders/stockholders in a publicly quoted company)? Yes No

Do you undertake any manufacturing, construction, alteration, repair or installation work? Yes No

Are you aware of any fraud or dishonesty of any Partner, Director, Member or Employee of the firm? Yes No

Have you ever been responsible for or involved in the specification, selection, design, installation or certification of cladding, cladding systems and/or rainscreen systems? Yes No

Have you ever been involved in the project management of work that included cladding, cladding systems and/or rainscreen systems specified, selected, designed, installed or certified by a third party? Yes No

Have you had involvement in the construction or design of a new basement within an existing building? Yes No

If 'Yes' to any of the above please provide details in the 'Additional Information' section of this form.

Have you ever worked on a building in excess of 18 metres in height? Yes No

If 'Yes' please complete the table below

Description, Location & Date	Overall Height In Metres	Services Provided by Your Firm

Current Insurance

Do you currently have Professional Indemnity Insurance in force? Yes No

If 'Yes', please provide the following details (not required if you are currently a client of Hera Indemnity)

Insurer:	
Limit of Indemnity:	
Excess:	
Premium:	
Retroactive Date:	
Renewal Date:	

Please state the Limit of Indemnity options for which you require quotations

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Please state the excess options for which you require quotations

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Do you require cover for liability arising from any Partner / Director / Member's previous business? Yes No

Would you like us to provide you with a quotation for Cyber Liability Insurance? Yes No

Are you happy for us to contact you about other insurances or services that we may offer? Yes No

Would you like a quotation for Employee Health, Protection and Wellbeing products?

Yes No

Would you like a quotation for Management Liability Insurance?

Yes No

Additional Information

Declaration

How we will use your Information

Hera Indemnity will process your data in accordance with relevant data protection legislation. The information supplied to us by you may be held on computer and passed to insurers for underwriting and claims purposes. You should show this notice to anyone whose personal data may be processed to administer this policy.

In order to administer your insurance policy and any claims made against the policy we may share personal data provided to us with other companies and with business partners including overseas companies. If we do transfer your personal data including where we propose a change of underwriter we make sure that it is appropriately protected.

Under the conditions of your policy you must tell us about any Insurance related incidents whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to the relevant database. We may search these databases when you apply for insurance in the event of any incident or claim or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim. We may also pass your information to reinsurers and/or loss adjusters.

Under data protection legislation you can make a written request for a copy of certain personal records held about you and have any inaccuracies corrected. Any requests or enquiries about our data protection policy or practices should be addressed to Hera Indemnity.

Fraud Prevention & Detection

In order to prevent and detect fraud, we may at any time:

1. Share information about you with other organisations including the Police
2. Undertake credit searches
3. Check and/or share your details with fraud prevention and detection agencies.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

When you provide information about another person, you are confirming that they have appointed you to act for them. Such persons will have been made aware of the purposes for data collection and processing set out above and have consented to such processing. You will receive, on their behalf, any data protection notices and keep them informed about how their data will be processed and where it may be disclosed.

By signing this form you are confirming that you have read and accepted the information set out above.

Duty of Disclosure

You are responsible for carrying out a reasonable search of all information held by the firm, and disclosing all material facts and circumstances to the Insurer. You are under a duty to make a fair presentation of the risk, and we as your brokers, are also under a duty to disclose material information. Please see Important Note (E), above.

I declare that to the best of my knowledge or belief the particulars and statements given in this application and any other documentation and information provided in connection with this application are true and complete.

I declare that I have carried out a reasonable search of all information held by the firm and informed the Insurer of all facts which are likely to influence the Insurer in the acceptance or assessment of this insurance. I understand that failure to do so could invalidate this insurance. I accept that if I am in doubt whether any fact may influence the Insurer I should disclose it.

Number of additional sheets included with this application:

Signed:

Date:

Print Name:

Position Held:

Company Name:

This form and any questionnaires or additional sheets must be signed by a Partner / Principal / Member / Director of the practice.

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