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**PROFESSIONAL
INDEMNITY**
ARCHITECTS

**PROPOSAL
FORM**

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THIS PROPOSAL MUST BE SIGNED BY A PARTNER OR DIRECTOR OF THE BUSINESS. ALL QUESTIONS MUST BE ANSWERED AND ADDITIONAL INFORMATION PROVIDED WHEN REQUESTED TO ENABLE A QUOTATION TO BE GIVEN. THE COMPLETION AND SIGNATURE OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE.

PLEASE USE AN ADDITIONAL SHEET OF PAPER WHERE NECESSARY TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS.

ALL MONETARY AMOUNTS SHOULD BE STATED IN EURO

1. Name of the Firm/Partnership/Individual including Trading and Business Name :

Date of commencement of the firm :

2. a) Address (registered office and all branches) :-

b) Is a Partner/Director/Principal in full-time attendance at each address? Yes No

3. Please give details of all activities undertaken and any intended change

PLEASE SUPPLY BROCHURE IF AVAILABLE

4. a) Please state gross fees in Euro for each of the last five financial years (including those paid to sub-contractors)

	<u>Last complete year</u>	<u>Current year</u>	<u>Forthcoming year</u>
<u>State year end:</u>			
ROI work :€	€	€	€
Overseas :	€	€	€
Total :	€	€	€

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b) Please state the split of gross fees in Euro in the last complete financial year :

	ROI Work	Overseas Work
	€	€
Architectural work stages C to L - new building :		
Arch. work stages C to L - non structural refurbishment :	€	€
Town Planning / Feasibility Studies :	€	€
Architectural Consultancy :	€	€
Interior Design :	€	€
Quantity Surveying :	€	€
Other Surveys :	€	€
Purchase or Lending Valuations :	€	€
Fees paid to sub-contractors / consultants :	€	€
Other work (give details) :	€	€
_____	_____	_____
Total gross fees :	€	€

c) Total building values certified in the last 12 months : € _____

5. a) Please give the approx. percentages applicable to the following based on total gross fees (i.e. including fees to sub-contractors/consultants) for last complete financial year :

Public sector schools or universities :	%
Private sector schools or universities :	%
Public sector hospitals :	%
Private sector hospitals :	%
Other healthcare :	%
Public sector housing (incl. Housing Associations) :	%
Private sector housing schemes :	%
Private sector individual houses :	%
Churches/Cathedrals :	%
Industrial :	%

Retail :	%
Commercial Schemes :	%
Other (give details) :	%
	100 %

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b) Number of storeys in highest block completed during the last ten years : _____

If over 10 storeys, please give details :

6. During the last five financial years, approximately what percentage of fee income derived from :

- | | | |
|-----|--|---|
| i) | Aborted work where no building resulted | % |
| ii) | Work where the Proposer was responsible for inspection | % |

7. Does the Proposer now or has the Proposer in the past undertaken any services which may create a liability for pollution or contamination? Yes No

If 'Yes', please ask for a supplementary environmental questionnaire.

8. a) State the five largest contracts where construction has commenced during the past five years

<u>Description/Name</u>	<u>Total Contract Value in Euro</u>	<u>Extent of Service</u>	<u>Approx. Start & Completion Date</u>
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b) State the three largest contracts where construction is to commence in the next 12 months

<u>Description/Name</u>	<u>Total Contract Value in Euro</u>	<u>Extent of Service</u>	<u>Approx. Start & Completion Date</u>
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9. Are terms of engagement or is a written contract always agreed and signed prior to commencing work for a client?

Yes No

PLEASE SUPPLY COPIES OF STANDARD CONTRACTS OR TERMS USED

10. Has the Firm/Partnership been reconstituted in any way by amalgamation, acquisition, merger or otherwise, or has the name been changed? Yes No

If 'Yes', please give full details

(N.B. Acquisitions and mergers are not automatically included and coverage must be requested. Please state name of predecessor Firm/Partnership for which cover is required as well as dates of operation.)

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11. a) Has the Proposer at any time undertaken any work where the "end product" is situated outside the Republic of Ireland ? Yes No

If 'Yes', please give details (country, start & completion dates, description of contract, contract value in Euro, extent of services provided)

- b) Is the business represented in any way in Canada and/or the USA or its territories and possessions? Yes No
If 'Yes', please provide details:

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- | 12. | Names in full of all Partners/Directors/Principals | Qualifications and date obtained | Length of time practicing as Partner/etc. in this firm |
|-----|--|----------------------------------|--|
|-----|--|----------------------------------|--|

IF UNDER FIVE YEARS EXPERIENCE IN THIS OCCUPATION PLEASE SUPPLY A CURRICULUM VITAE

13. Do you require cover for the previous business activities of any Partner/Director/Principal Yes No

If 'Yes', please provide full details

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14. Does the Firm/Partnership or any Partner/Director/Principal have a Partnership or Directorship or have a financial interest in any other Firm/Partnership or Company (other than as shareholders or stockholders in a publicly quoted company) Yes No

If 'Yes', please give name of Firm/Partnership or Company, sphere of operation and business derived from the Firm/Partnership or Company. State also if it is associated with any process of manufacture,

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15. a) Staff (**excluding** Partners) :
- a) qualified : Full-time _____ Part-time _____
b) unqualified : Full-time _____ Part-time _____
- b) Do you retain the services of any self-employed person? Yes No
If 'Yes', please provide details:

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16. Sub-contractors
- a) Please state gross fees in Euro paid to sub-contractors:
- | | Last complete year € | Current year estimate € |
|--|----------------------|-------------------------|
| | _____ | _____ |
- b) Please provide brief details (on headed paper) of sub-contracted work
- c) Are sub-contractors required to carry professional indemnity insurance Yes No
What is the limit of indemnity provided by that insurance? _____
- d) Are terms of engagement or is a written contract always agreed and signed by sub-contractors and suppliers so that they accept full responsibility for their own professional neglect, error or omission? Yes No

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17. a) Does the Proposer always obtain satisfactory references from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods Yes No
- b) Is any individual authorised to sign cheques as a sole signatory in respect of either the business or clients' accounts? Yes No
- c) Has the business recently discharged any employee or severed relationships with any partner or director within the past twelve months Yes No
- d) Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time? Yes No

If the answer is 'Yes' to b) or c) or d) above, please give details on a separate sheet

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18. During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and/or its Predecessors in business ever
- a) Declined to Insure? Yes No
- b) Imposed special terms? Yes No

- c) Cancelled or voided a policy? Yes No
d) Requested the withdrawal of a claim? Yes No

If any answer is 'Yes', please give full details on a separate sheet

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19. a) Have any claims or potential claims been made against the Firm/Partnership, their predecessors in business, or any of the present Partners/Directors/Principals or to the knowledge of the Firm/Partnership, against any past Partners/Directors/Principals ? Yes No
- b) Is any Partner/Director/Principal aware, **after enquiry**, of any circumstances which may result in any claims being made against the Firm/Partnership, their predecessors in business or any of the present or past Partners/Directors/Principals? Yes No

If 'Yes' is answered to a) or b) above, please provide details on a separate sheet including steps taken to prevent a recurrence

20. a) Since what date have you had Professional Indemnity cover ? _____
If there were any gaps in cover since then, please state for which period(s) _____

- b) If this is the first time the Firm/Partnership has applied to effect Professional Indemnity insurance, do you require cover for claims arising from work carried out prior to inception of the policy ? Yes No

If 'Yes', please state since what year cover is required _____

21. Name of Current Insurers _____
Limit of Indemnity _____
Insured's Contribution (Excess) _____
Premium _____
Renewal Date _____

22. a) What limit of indemnity do you require? €325,000 €650,000
 €1,300,000 Other _____
- b) What Insured's Contribution do you wish to pay? €2,000 €3,250
 €6,500 Other _____

DECLARATION

I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by/me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers or any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated this _____ day of _____ 20_____

Signature of Partner _____

Name of Signatory (PLEASE PRINT) _____

A COPY OF THIS COMPLETED PROPOSAL FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.