

Professional Indemnity Insurance Proposal Form

1.

Name of Insured/Proposer	
Business Name	
Address	
Postcode:	
Telephone number	
Email Address	
Web address	
Date business established:	
What date does your financial year end?	

Full description of your business activities

2.

3.

Number of:	Directors/Partners		Qualified Staff		Others	
Do you engage consultants or sub-contractors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

If Yes, please give details of the nature of activities undertaken by such consultants or sub-contractors:

Do you ensure that the consultant or sub-contractor

i) Has Appropriate Qualifications	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii) Maintains Professional Indemnity Insurance?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4. By ticking this box, you confirm that:

1. The business or practice has not undertaken any survey &/or valuation work for lending purposes in the last six years
2. The business or practice within the last 10 years has not been involved in any contracts involving cladding or composite panels, cladding systems, rainscreen systems, swimming pools, basements or sub-basement extensions
3. You confirm that all current projects are on time and within budget and confirm all projects completed within the last 5 years have been completed on time and within the agreed budget

5. By ticking this box, you confirm that:

1. No proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director has ever been declined or any such insurance has never been cancelled, the renewal refused or any special terms imposed (other than general market increases)
2. No Partner, Principal, Director or Employee been subject to disciplinary proceedings by any Association or Professional Body
3. No claim has been made against your business or any principal, partner, director or employee whilst in this or any other business or, after a full enquiry, you are not aware of any circumstance or incident which has or may result in any claim being made against the business, or any principal, partner, director or employee of this or any other business

If you are unable to comply with the above statements, please provide further details

Please answer all questions fully and if you have a brochure, C.V. or any other information concerning your business please attach it to this proposal form. Please return this form to The Expert Insurance Group, Horsted Square, Bellbrook Business Park, Uckfield, East Sussex, TN22 1QG, Fax 01825 761 479 or email enquiries@piexpert.email

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6. The firm's current Insurance Renewal Date

Limit of Indemnity Required

Excess

Premium

7. Please list the firm's three largest contracts undertaken in the last three years

Location and Type of Service Provided	Contract Value	Your Fee	Project Duration

8. Give details of your fees/income derived from clients based in:

			Previous Financial Years	Last Financial Year	Coming Financial Year
Year End	20.....	20.....	20.....	20.....	20.....
Gross Fees	£	£	£	£	£
Fee Breakdown – percentage split					
UK	%	%	%	%	%
Europe	%	%	%	%	%
USA/Canada	%	%	%	%	%
Rest of World	%	%	%	%	%

9. Please confirm the approximate split of each of the following Categories undertaken during the last complete financial year:

Architectural – Stages 2 to 6 New Build	%	Architectural – Stages 2 to 6 Non-Structural Refurbishment	%	Architectural Consultancy	%
Town Planning	%	Feasibility Studies	%	Landscape/Garden Architecture	%
Quantity Surveying	%	Residential Building Surveys/Valuations	%	Commercial Building Surveys/Valuations	%
Interior Design (structural)	%	Interior Design (non-structural)	%	Project Co-ordination	%
Project Management	%	Building Surveying	%	Aerial/Marine or Engineering Surveys	%
Setting out	%	Planning Supervisor work	%	Building Surveys / Structural Surveys	%
Other work (please specify):					

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10. Please confirm the approximate division of each discipline undertaken during the last complete financial year:

Housing	%	Office Facilities	%	Retail Facilities	%
Industrial Facilities	%	Educational Facilities	%	Sports and Leisure Facilities	%
Swimming Pools	%	Medical Facilities	%	Churches/Cathedrals	%
Roads/Highways	%	Sewerage/Water Schemes	%	Mechanical & Bulk Handling Plant	%
Harbours/Jetties/Sea Defences	%	Offshore Installations/Marine	%	Bridges/Tunnels/Dams/Mines	%
Chemical/Oil/Nuclear Facilities	%	All Others (Please Specify):			

11. Please Provide Details of Principals / Partners / Directors

Name	Date of Birth	Qualifications	No. of Years Experience

12. Please advise if you are a member of the ARB, RIBA or any other regulatory organisation:

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13. Additional Material Information:

(A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters; if you are in any doubt as to what constitutes a material fact you should consult your Insurance Advisor)

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14. I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated 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 of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

Signature of Principal/Partner/Director

Dated