

## PROFESSIONAL INDEMNITY PROPOSAL FORM ARCHITECTS - ENGINEERS

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

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If insufficient space is provided to answer a question insert "see attached" and show question number and answer on a separate sheet of paper.

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### SECTION A - GENERAL INFORMATION

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1. Name and address(es) of the Firm \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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2. When was the Firm established? \_\_\_\_\_  
mm/dd/yy

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3. Has the name of the Firm been changed, any other business purchased or any merger or consolidation taken place during the past five years? YES  NO

If "YES", give details \_\_\_\_\_  
\_\_\_\_\_

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4. What professional association, if any, does the Firm belong to?  
\_\_\_\_\_

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5. Does the Firm engage in or have any partners or principals any interest in any business which engages in any process of manufacture, construction, erection, supply or any form of contracting? YES  NO

If "YES", give details \_\_\_\_\_  
\_\_\_\_\_

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6. When engaging independent or specialist consultants in connection with any contract, does the Firm ensure that such consultants have entered into a binding contract with the principal, accepting full responsibility for their own professional acts, errors or omissions? YES  NO

If "NO", does the firm ensure that such consultants carry professional liability insurance with adequate limits (not less than those carried by the firm)? YES  NO

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7. Is the firm or any partner or principal a member of a consortium/joint venture? YES  NO   
**(The insurance to be provided excludes any work which the firm carries out as a member of a consortium/joint venture).**

If "YES", please give details

Name of Project	Duration	Total Construction Values	Estimated Total Fees	Proposers' Proportion %

8. Please state the Firm's financial year? From \_\_\_\_\_ to \_\_\_\_\_  
mm/dd/yy mm/dd/yy

9. What are the construction values and gross fees for the following?

	12 months Prior	12 months expiring	Estimate Next 12 months
<b>DOMESTIC ACTIVITIES</b>			
a) Construction Values	\$	\$	\$
b) Gross fees (whether collected or not)	\$	\$	\$
<b>FOREIGN ACTIVITIES</b>			
a) Construction values	\$	\$	\$
b) Gross fees (whether collected or not)	\$	\$	\$
c) Countries	\$	\$	\$

10. Does any one contract or client represent more than 50% of annual fees? YES  NO

11. Which of the following professions is the Firm full or partly engaged in?

Aerospace Engineering	_____ %	Architect	_____ %
Chemical Engineering	_____ %	Land surveying	_____ %
Civil Engineering	_____ %	Quantity Surveying	_____ %
Electrical Engineering	_____ %	Structural Engineering	_____ %
Heating and Ventilating Engineering	_____ %	Soil Engineering	_____ %
Mechanical Engineering	_____ %	Others	_____ %
Nuclear Engineering	_____ %		

12. Indicate the approximate percentage of total work involving:
- a) Feasibility studies, reports, surveys, etc. (where the firm is not not involved in actual design work) \_\_\_\_\_ %
  - b) Design work without construction supervisor \_\_\_\_\_ %
  - c) Both design and supervision of construction \_\_\_\_\_ %
  - d) Supervision of construction from design made by other firms \_\_\_\_\_ %

13. Does the Firm engage in contracts involving any of the following types of work? Indicate the approximate percentage of total gross fees derived from such work in the current financial year.

	YES	NO	%
Bridges			
Roads			
Tunnels			
Dams			
Mines			
Harbours or Jetties			
Sewerage Schemes			
Foundations & Underpinning			
Soil Testing			
Water Schemes			
Nuclear or Atomic Projects			
Fertilizer, Ammonia or Urea plants			
Industrial Systems Buildings			
Restoration Work			
High Rise Buildings (over 10 stories)			
Heating, Ventilating, Air-conditioning			
Chemicals, Prochemicals & Refineries			
Mechanical Plant & Bulk Handling Equipment (including Silos, etc.)			
Work involving any of the following (underline which): Armories      Auditorium      Stadium      Churches Concert Halls    Convention Buildings    Hotels      Night Clubs Race tracks      Restaurants      Theatres      Sports Arenas Dance halls      Exhibition Buildings			
Hospitals			
Other work involving any special activities not shown above. Please specify.			
			100

14. List the five largest typical jobs executed in the last five years.

DESCRIPTION	LOCATION	VALUE	FEES RECEIVED

**SECTION B - PERSONNEL**

15. Practicing partners or principals:

NAME	Qualification & Date Qualified	How Long Practicing with this Firm/Previous Firm

16. Former, retired or deceased Partners:

NAME	Date of Joining Firm	Date of leaving Firm

17. Total number of practicing partners, principals and staff:

- a) Partners/Principals/Executives ..... \_\_\_\_\_
- b) Other qualified Architects ..... \_\_\_\_\_
- c) Other qualified Engineers ..... \_\_\_\_\_
- d) Other qualified Surveyors ..... \_\_\_\_\_
- e) Draughtsmen ..... \_\_\_\_\_
- f) Other qualified staff (specify) ..... \_\_\_\_\_
- g) Trainee staff (specify) ..... \_\_\_\_\_
- h) Typists, telephonists, receptionists, office boys and messengers ..... \_\_\_\_\_

TOTAL \_\_\_\_\_

18. Have any of those listed in question (15) ever been subject to disciplinary action by authorities as a result of their professional activities? YES  NO

If "YES", please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION C – INSURANCE REQUIREMENTS**

19. a) What amount of Indemnity is required? A \$ \_\_\_\_\_  
 B \$ \_\_\_\_\_  
 C \$ \_\_\_\_\_

20. What amount of the excess would the Firm be prepared to carry in respect of each claim? A \$ \_\_\_\_\_  
 B \$ \_\_\_\_\_  
 C \$ \_\_\_\_\_

(A minimum excess is required depending on the size of the Firm and indemnity list selected)

21. Does the Firm require indemnity for any or all of the following extensions for which an extra premium may be required?

**RETROACTIVE COVER EXTENSION** YES  NO

How many years of retroactive cover does the Firm require? From \_\_\_\_\_ to \_\_\_\_\_  
 mm/dd/yy mm/dd/yy

**PARTNERS' PREVIOUS BUSINESS EXTENSION**

- Does the Firm require insurance for Partners? YES  NO   
 (i) Incoming Partners? YES  NO   
 (ii) Outgoing Partners? YES  NO

If "YES", please give the names of those for whom insurance is required:

If "YES", please give names of those for whom insurance is required:

Name	Incoming/Outgoing	When joining/leaving mm/dd/yy	Period of Cover required (in years)
		mm/dd/yy	mm/dd/yy

**LOSS OF DOCUMENTS EXTENSION** YES  NO

If "YES", does the Firm keep documents in fire-proof cabinets/safes? YES  NO

Please describe storage if other than fire-proof cabinets/safes

What limit of cover as a percentage of the total limit insured does the Firm require? 10%  20%   
 50%  100%

**LIBEL AND SLANDER EXTENSION**YES NO 

If "YES", please give details of claim(s) made against the Firm involving libel and slander (if any)

What limit of cover as a percentage of the total limit insured does the Firm require?

10% 20% **DISHONESTY OF PARTNERS AND EMPLOYEES EXTENSION**YES NO 

Does the Firm require the extension for:

(i) Partners

YES NO 

(ii) Employees

YES NO 

**If "YES", please answer the following:**

(i) Has the Firm sustained any loss through the fraud or dishonesty of any Partner or employee?

YES NO 

**If "YES", please give details**

(ii) Does the Firm know of any fraud or dishonesty at any time of any present or former partner or employee?

YES NO 

(iii) Does the Firm always obtain satisfactory reference when engaging employees?

YES NO 

(iv) Are any employees allowed to sign cheques without counter-signature by a partner?

YES NO 

**If "YES", up to what amount?** \_\_\_\_\_

(v) Are cheques signed by the sole proprietor/partner pre-franked i.e. the amount in words and in figures duly made out in the cheques prior to signing?

YES NO 

(vi) At what intervals are your clients' accounts audited? \_\_\_\_\_

(vii) Who are the Firm's accountants? \_\_\_\_\_

(viii) Who are the Firm's auditors? \_\_\_\_\_

**SECTION D – PREVIOUS COVERAGE**

22. (a) Has the Firm in the past been insured for professional liability risks?

YES NO 

If "YES" please state:

(i) Date of the first insurance \_\_\_\_\_ (mm/dd/yy)

(ii) Name of the first insurers \_\_\_\_\_

(iii) The excess borne by the Firm \_\_\_\_\_

(iv) The amount of Indemnity \_\_\_\_\_

(v) The expiry date of the policy \_\_\_\_\_ (mm/dd/yy)

(b) Is the Firm at present insured for professional liability risk?

YES NO 

If "YES" please state:

(i) Name of insurers \_\_\_\_\_

(ii) The excess borne by the Firm \_\_\_\_\_

(iii) The amount of Indemnity \_\_\_\_\_

(iv) The expiry date of the policy \_\_\_\_\_ (mm/dd/yy)

(v) The premium paid \$ \_\_\_\_\_

(c) Has insurance coverage between the date of the first cover and the present application been interrupted? YES  NO

If "YES", please give details.

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23. Has any application for insurance of this nature made on behalf of the Firm(s) or their predecessors in business or any of the present Partners or Principals ever:

a) been declined?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) had its premium increased?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) had special conditions imposed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) been refused renewal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e) been cancelled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If "YES", please give full particulars \_\_\_\_\_

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24. To the best of your knowledge and belief have any claims been made or negligence alleged against

a) the Firm	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) their predecessors in the business	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) any of the present or former Partners?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) any of the present or former Principals	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If "YES" to any, state briefly the cause and nature of claim including the amount involved and names of the partner and the claimant, the date when the claim was made, the date the act giving rise to the claim was committed and the final disposition. \_\_\_\_\_

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25. Are any of the Partners or Principals, after enquiry, aware of any circumstances which may give rise to a claim against

a) the Firm	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b) its predecessors in business	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c) any of the present or former Partners?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d) any of the present or former Principals?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If "YES" to any of the above, please give details \_\_\_\_\_

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We must remind you that it is imperative to answer this question correctly. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, if subsequently a claim should arise.

**IMPORTANT NOTICE CONCERNING DISCLOSURE**

It is your duty to disclose all material facts to the Company.

A material fact is one that is likely to influence an Underwriter's judgment and acceptance of your Proposal. If your Proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

**DECLARATION**

I/We wish to effect insurance with Guardian General Insurance Limited on the Terms Conditions and Exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this Proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented mis-stated suppressed or withheld. I/We agree that this Proposal and Declaration and any supplementary information sheet(s) attached hereto shall form the basis of the contract between me/us and Guardian General Insurance Limited and shall be deemed as incorporated in the Policy issued.

Name of Firm: \_\_\_\_\_

\* Signature of Partner or Director: \_\_\_\_\_  
If Company, Please Affix Company Stamp

Date: \_\_\_\_\_  
mm/dd/yy

\* This Proposal Form and any supplementary information sheet(s) must be signed in ink by a Partner or Director. Signing the Form does not bind the Firm or the Company to complete the Insurance.