



CHURCHILL INSURANCE CONSULTANTS

DESIGN & CONSTRUCT PROPOSAL FORM PROFESSIONAL INDEMNITY INSURANCE

Churchill Insurance Consultants Ltd.

17 Heritage Avenue, Beaufort Park, London, NW9 5FW

020 8511 1070

insurance@churchillins.co.uk

www.churchillins.co.uk

IMPORTANT NOTICE

This proposal must be completed and signed by a Principal, Partner or Director of the Proposer. The person completing and signing the form should be authorised by the Proposer to do so and should make all necessary enquiries of his fellow Partners, Directors and Employees to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the Proposers or Insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

Please complete this Proposal form in **BLOCK CAPITALS** to avoid problems when transmitting by fax. For additional information or information that you cannot fit into the spaces provided please use a separate sheet.

1. Name(s) (including trading names) of the Firm(s), use a separate sheet if necessary:

Name	Date Commenced

Website Address

Email Address

2. Is cover required for predecessor practices to the Proposer(s)?

No

Yes

If YES, please give provide full details:

Name of Predecessor	Date Commenced	Date Ceased	Reason for Cessation

3. Please state:

Name in full of all Principals	Qualifications	Date Qualified	How long as a Principal with Proposer/s

4. Is cover required for the previous business activities of any Principal?

No

Yes

If YES, please state:

Name of Principal			
Name of Previous Firm			
Period	From: To:	From: To:	From: To:
Fees for Last 3 Yrs	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?			

5. PROFESSION/BUSINESS of the Firm(s):

6. Address(es) of the Proposer(s) - All addresses must be shown together with the Principal responsible for the work at each office:

Address	Principal in Charge

7. DO NOT ANSWER IF THIS PROPOSAL IS FOR RENEWAL OF INSURANCE WITH CHURCHILL INSURANCE CONSULTANTS

Name of current insurers

Name of your broker

Renewal date

Limit of indemnity

Premium

Excess

8. Is cover required for any past Partner or Principal?

No	Yes
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If **YES** please state:

Name in full of Principals	Qualifications	How long with Firm(s)

9. Please state total numbers of:

Principals/Directors	Professionally qualified Architects, Engineers and Surveyors	Other technical or qualified staff	Others

10a. Please state for each of the following, the approximate percentages of the total work carried out by the Design and Consulting department in the last financial year:

Architectural		Chemical Engineering	
Civil Engineering		Soil Engineering	
Structural Engineering		Nuclear Engineering	
Mechanical Engineering		Surveying	
Electrical Engineering		Heating & Ventilation Engineering	
Others		Total	
If Others Please specify:			

10b. Please state for each of the following, the approximate percentages of the total work carried out by the Design and Consulting department in the last financial year:

	Design Only	Design and Construction	Construction without design
Home Building			
Individually Designed			
Multiple Low Rise			
Multiple High Rise			
Modular (repetitive design)			
Public/Commercial Buildings			
Hospitals			
Schools/Universities			
Offices/Retail/Warehouses			
Engineering Construction			
Highways			
Bridges/Tunnels/Dams			
Harbours/Jetties			
Sewage/Water Schemes			
Industrial			
Power/Manufacturing Plants			
Refineries/Petrochemical Installations			
Mechanical Plant/Bulk Handling Equipment			
Industrial Building Systems			
All Other (Please provide details)			
Airports			
Total			

10c. Please provide details of any substantial changes and major new projects being undertaken during the next 12 months:

11. Please state the Firm's total gross turnover for each of the last 5 completed financial years:

Year Ending	UK Contracts	Overseas Contracts

12a. Please break your turnover down as follows:

	Last Financial Year		Current Financial Year	
	Home	Overseas	Home	Overseas
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 designs and constructs from its own design and provides full technical supervision				
vi Other turnover not mentioned above (please give details) - these activities will not normally be covered				
Total				

12b. If no turnover is declared in (i), (ii), (iii) or (iv) above, have you ever undertaken such work in the past?

No

Yes

If yes please provide full details and explain where the relevant turnover has been declared in Question 12

12c. Do you employ Self Employed Independent Contractors?

No

Yes

If **YES**:

12c i. Do you require that they are indemnified under your own arrangements?

No	Yes
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12c ii. Do you require that they maintain their own Professional Indemnity cover for the work that they do for you?

No	Yes
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13a. Please give details of your 5 largest contracts where construction has commenced during the last five years.

Start Date	Approximate Completion Date	Firm's Contract Value	Total Contract Value	Description of services performed
1				
2				
3				
4				
5				

13b. Please give detail of your 5 typical contracts where construction has commenced during during the last five years.

Start Date	Approximate Completion Date	Firm's Contract Value	Total Contract Value	Description of services performed
1				
2				
3				
4				
5				

14. Please provide more details of the work undertaken in the past 3 years:

Please note 'own project value' refers to the total value of the proposer's proportion of the total project (not just the fee element)

	Civil Engineering	Structural Engineering	Building Services Engineering	Architecture	Other
Average total single project value of jobs undertaken in last 3 years					
Highest total single project value of an individual job in last 3 years					
Highest own single project value of an individual job in last 3 years					

15. Does the turnover declared in 12a vi. relate to any advisory or design services?

No

Yes

If **Yes** please provide full details, including the approximate turnover involved:

16. Are all contracts in writing?

No

Yes

If **No** please explain the circumstances in which you would not have written contract:

17. If a client changes the specification during a course of a job, do you always confirm the change to a client in writing explaining that it was the client's decision and whether following, or against your advice, as appropriate?

No

Yes

If **No** please explain the circumstances in which you would not confirm a change in writing

18. Do you engage in, or are you responsible for the manufacture or fabrication of any pre-engineered unit?

No

Yes

If **Yes** please provide full details and explain where the relevant turnover has been declared in Question 12

19. Do you ensure that any consultants for which you are responsible have a professional indemnity policy in force?

No

Yes

20. Do you have a formal quality assurance or control programme in force?

No

Yes

If **Yes** please provide full detail.

21a. Does any client or contract represent more than 50% of your annual work?

No

Yes

21b. Have you ever failed to complete a project?

No

Yes

If **Yes** to either, please provide full details:

22. Does the work carried out consist of well established techniques?

No

Yes

If **No** please provide full details:

23a. Is the Firm/s or has the Firm/s been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?

No

Yes

If **Yes** please give full details (including names of other parties) **special arrangements must be made to cover this type of work**

23b. Does the Firm/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?

No	Yes
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If **Yes** give full details of the nature of the association together with the name and business of the third party.

24a. For what Limit/s of Indemnity are quotations required?

24b. There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?

25a. In respect of **ANY** of the risks to which this proposal relates has any claim been made (whether successful or not) against the Firm or any past or present Principal?

No	Yes
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Has any loss been suffered by the Firm, any predecessor or any past or present Principal in respect of **ANY** of the risks to which this proposal relates?

No	Yes
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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

25b. What steps have been taken to prevent a recurrence?

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26. Is any Principal, **AFTER FULL ENQUIRY**, aware of:

26 i. any circumstance which might give rise to a claim against the Firm, any predecessor or any past or present Principal?

No	Yes
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26 ii. any circumstance which might cause any loss to the Firm, any predecessor or any past or present Principal?

No	Yes
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26 ii. any matter which might otherwise affect the consideration of this proposal for insurance?

No	Yes
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If **YES** to any of the above, please give full details:

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27. Has any proposal for similar insurance made on behalf of the Firm or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Firm ever been declined or has any such insurance ever been cancelled or renewal refused?

No	Yes
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If **YES**, please provide details:

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RELATED COVERS

Do you have the following covers in place?

(If yes, please provide your renewal date)

Business Insurance

No	Yes
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Directors & Officers

No	Yes
----	-----

Crime Insurance

No	Yes
----	-----

Cyber Liability

No	Yes
----	-----

Private Medical Insurance

No	Yes
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Please use the space below to provide any additional information

Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Insured when seeking a quotation to take out or renew any insurance discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Insurers.

I/we hereby consent to any information I/we have provided being processed by you for the purposes of providing insurance and claims handling, which may necessitate sharing such information with third parties. Churchill Insurance Consultants Ltd may use this information for marketing (by post, telephone, e-mail or fax) subject to the conditions of the Data Protection Act. If you do not wish these details to be used for marketing please inform us in writing. Under the Data Protection Act 1998 you have the right to access or amend the information we hold about you. If you would like to exercise either of these rights please contact us.

Signature of Principal:

Date:

A copy of this proposal should be retained by you for your own records

All questions must be answered fully, and those questions not relevant to you should be marked N/A.

If there is insufficient space, please provide details on your letterhead.

Churchill Insurance Consultants Ltd is owned by Brokerbility Holdings Ltd and are authorised and regulated by the Financial Conduct Authority (Registration Number: 305786).

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