

# UIB UK PROFESSIONAL INDEMNITY

## PROPOSAL FORM FOR ARCHITECTS

- It is very important that you disclose fully and accurately all material facts. If you require more space please continue on your headed paper, then sign and attach to this form. Material facts are those which may affect Underwriters' assessment of the risk. If you have any doubt as to whether something is a material fact it is recommended that you disclose it.
- Please answer all the questions and complete this form in ink. This proposal shall form the basis of any insurance contract.
- We would remind you that this type of policy is written on a "claims made" basis. There are no days of grace for renewal negotiations under this type of policy. Cover will terminate at expiry date

### 1. DETAILS OF APPLICANT

Name(s) (including trading names) of all entities to be Insured:

Address(es) of the Applicant(s):

Postcode:

Contact Name:

Telephone Number:  Fax:

Website:  E-mail Address:

Date since the Applicant(s) has continuously conducted the business:  /  /

Is covered required for predecessor practices to the applicant? Yes  No

*If Yes, please provide details:*

### 2. PRINCIPALS DETAILS

*If you are a newly established firm, please enclose a CV for every principal in the practice.*

Please provide details of the Principal(s)/Partner(s)/Director(s) of the Applicant:

Name:	Qualifications:	Date Qualified:	Date Commenced:
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

### 3. STAFF DETAILS

Please state total number of:

Principals/Partners/Directors:  Other Technical Staff:

Qualified Architects:  Administrative/Other Staff:

Draughtsmen:

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### 4. INCOME

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(a) Please provide details of your gross fees:

	Previous Year	Current Year	Estimated Next Year
Gross Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>

(b) Please provide a percentage split of your income by geographical area:

	% of gross fees
Domestic Contracts	<input type="text"/> %
Overseas Contracts (excluding USA/Canada)	<input type="text"/> %
USA/Canada (subject to non-USA/Canada law)	<input type="text"/> %
USA/Canada (subject to USA/Canada law)	<input type="text"/> %

(c) What percentage of your gross fees was derived in the previous financial year from your largest client?

 %

### 5. PREVIOUS INSURANCE

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Is the Applicant currently insured for Professional Indemnity Insurance?

Yes  No

*If Yes, please confirm:*

Name of Insurer:

Renewal Date:

Limit of Indemnity:  Excess:

Premium:

Has the Applicant ever been refused this type of insurance, had special terms imposed by insurers or had a similar insurance cancelled?

Yes  No

*If Yes, please provide full details:*

### 6. INSURANCE REQUIREMENTS

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(a) What limit of indemnity is required?

(b) What basis of limit is required?

Each and Every claim  In the Aggregate

(c) What limit of excess is required?

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### 7. ACTIVITIES

(a) Please provide a split of Gross Fees in the last complete financial year:

	UK WORK	OVERSEAS
Architectural work - new build	<input type="text"/> %	<input type="text"/> %
Architectural work - non-structural refurbishment	<input type="text"/> %	<input type="text"/> %
Town Planning/Feasibility Studies	<input type="text"/> %	<input type="text"/> %
Architectural Consultancy	<input type="text"/> %	<input type="text"/> %
Interior Design	<input type="text"/> %	<input type="text"/> %
Quantity Surveying	<input type="text"/> %	<input type="text"/> %
Other Surveys	<input type="text"/> %	<input type="text"/> %
Purchase of Lending Valuations	<input type="text"/> %	<input type="text"/> %
Fees paid to independent consultants	<input type="text"/> %	<input type="text"/> %
Other work (give details)	<input type="text"/> %	<input type="text"/> %
Abortive Work	<input type="text"/> %	<input type="text"/> %
Project Management	<input type="text"/> %	<input type="text"/> %
Landscape Architecture	<input type="text"/> %	<input type="text"/> %

(b) Please specify the percentage of gross fees in the previous year the following types of work represent:

Individual dwellings	<input type="text"/> %	Harbours/Jetties/Sea Defences	<input type="text"/> %
Housing (Low Rise)	<input type="text"/> %	Housing (High Rise)	<input type="text"/> %
Hospitals/Universities/Schools	<input type="text"/> %	Chemicals/Petrochemicals/Chemical or Oil Refineries	<input type="text"/> %
Industrial	<input type="text"/> %	Nuclear/Atomic Projects	<input type="text"/> %
Churches	<input type="text"/> %	Bridges/Dams/Flyovers/Mines/Tunnels	<input type="text"/> %
Commercial Schemes	<input type="text"/> %	Retail	<input type="text"/> %
Railways	<input type="text"/> %	Other	<input type="text"/> %
Leisure/Sport	<input type="text"/> %	TOTAL:	<input type="text"/> 100

### 8. CONTRACTS

(a) Please provide details of your 3 largest contracts undertaken in the last 5 years:

Client	Country	Start Date	Completion Date	Total Contract Value	Description of Professional Services
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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(b) Please provide details of the 3 largest contracts expected to commence in the next year:

Client	Country	Start Date	Completion Date	Total Contract Value	Description of Professional Services
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(c) Do you use a standard form of contract, agreement or letter of appointment? Yes  No

(d) Do you always confirm verbal reports in writing? Yes  No

*If No, please explain:*

(e) Is the applicant or has the applicant been a member of a consortium or joint venture? Yes  No

*If Yes, please provide more details:*

(f) Does the applicant or any principals have an association with or a financial interest in any other practice, company or organisation? Yes  No

*If Yes, please provide more details:*

### 9. CONSULTANTS, SUB-CONTRACTORS OR AGENTS

(a) Do you use the services of consultants, sub-contractors or agents? Yes  No

*If No, please proceed to question 10.*

*If Yes, do you require them to maintain their own P.I. Insurance?* Yes  No

*If Yes, what minimum limit of indemnity do you require them to have?* £

(b) What percentage of your income relates to sub-contracted work?  %

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### 10. CLAIMS OR CIRCUMSTANCES

(a) Has any Professional Indemnity claim been brought against the Applicant or any of its directors, officers, partners or principals during the last 5 years?

Yes  No

*If Yes, please provide details:*

(b) Are there any pending claims or circumstances that might reasonably be expected to give rise to any claim or loss against any persons proposed for insurance that would fall within the scope of this insurance?

Yes  No

*If Yes, please provide details including estimated cost of claim/loss:*

### 11. IMPORTANT NOTICE / DECLARATION

By signing this proposal form you consent to United Insurance Brokers Ltd using the information we may hold about you for the purpose of providing insurance advice and where appropriate, assistance in relation to handling claims, if any, and to process sensitive personal data about you where this is necessary (for example criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. In the course of performing our obligations to you, this information may be disclosed to agents and service providers appointed by us, and to insurers, (which includes their re-insurers, legal advisors, loss adjusters or agents). Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both in respect of the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a fee) and to have any inaccuracies corrected.

I/We declare that the Statement 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 of any material alteration of these facts occurring before completion of the Contract of Insurance. Signing this Declaration does not bind the Proposer or Insurer to complete this insurance.

Signed

Name

Position

Company

Date



# UIB

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UIB is an accredited Lloyd's broker. Authorised & Regulated by the Financial Services Authority.