



**PROPOSAL FORM
FOR DESIGN & CONSTRUCTION
PROFESSIONAL INDEMNITY INSURANCE**

BROKER / INSURANCE AGENT

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED, PLEASE REFER TO YOUR BROKER/INSURANCE AGENT.

PLEASE NOTE this Proposal Form is used for indemnification on a CLAIMS MADE BASIS. This policy only responds to "Claims" made against the Applicant and notified to Underwriters during the period of insurance.

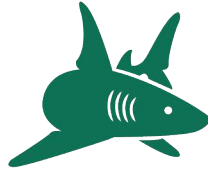
- This proposal must be typed or completed in ink, and signed and dated by such person (The Applicant) who must be of legal capacity and authorized by the Applicant to seek a quotation for Professional Indemnity Insurance and any additional coverage that may be provided by the Underwriters. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.
- Please submit, with the proposal, all relevant information including Financial Reports and Accounts, Brochures, etc.
- Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.
- It is the duty of the Applicant to disclose all material facts to Underwriters. Where this is omitted, the Underwriters may avoid their obligation under the Policy.
- For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a "material fact" shall be deemed to be one that would be likely to influence an Underwriter's judgment and acceptance of your Proposal.
- Upon acceptance of the Underwriters terms and conditions and payment of the premium, all information provided by the Applicant together with the guidance notes will be deemed to be incorporated in the contract between Underwriters and the Applicant.

Copies of the Proposal Forms should be retained for your own records.

**SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE APPLICANT OR UNDERWRITERS
TO COMPLETE A CONTRACT OF INSURANCE**

NOTICE TO THE APPLICANT

If the Applicant of this Contract of Insurance is a resident of the EU, the parties completing this Contract are free to choose the law applicable to this Contract. However, unless it is specifically agreed to the contrary, the Contract shall be subject to the law of the Country stipulated in the applicable EC Insurances pre-contractually required in accordance with the Third Eu Non-Life Directive.



CHUTTER

UNDERWRITING SERVICES

This application is not intended to restrict or limit in any way a complete and full declaration of all information. All questions must be answered completely to enable a quotation to be given. Please do not leave any question unanswered. If there is insufficient space to answer questions, please continue on your headed notepaper and attach it to this form, although fields will expand for certain questions. Use Tab to navigate cells and Enter within cells.

Please type or clearly print your answers to assist Underwriters' consideration of the proposal.

Please provide a brochure, if possible, and any standard contract terms, conditions, agreements, or letters of appointment which you have with your clients.

This proposal form must be completed in ink by a Partner, Principal, or Director of the firm or company. The completion and signature of this proposal does not bind the Applicants or underwriters to complete a contract of insurance.

1. Full Name of Applicant

Head office address

2. Names of other parties to be included:

Name	Equity Interest of Main Applicant	Reason for Inclusion*
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*e.g. Subsidiary/management control/joint venture partner etc.

3. Date Applicant established:

4. a) Has any change by way of merger, take-over or change of name occurred in the last 10 years?

Yes No

If YES, please give details with relevant dates:

b) Is the Applicant financially associated with any other firm, other than in reply to question 4. a) above?

Yes No

If YES, please give details with relevant dates:

5. Financial year end date:

6. Division of duties for past completed financial year:

FUNCTION	Last Complete Financial Year	Estimated Financial Year
a) Turnover where the Applicant designs and constructs from their own design and provides full technical supervision.		
b) Turnover where the applicant constructs and provides full technical supervision from designs by sub-consultants appointed by the Applicant or others for whom the Applicant is responsible.		
c) Fees earned where the Applicant provides only design services and/or technical supervision.		
d) Turnover and/or fees earned (please state which) where the Applicant provides any other professional service not included in the above (please specify).		
e) Turnover where the Applicant has work with no professional input (e.g. construction only activities) not covered by this proposed insurance (please specify).		
TOTALS:		

NOTE: The term "technical supervision" is not intended to extend to the supervisory activities which under a traditional form of contract would be the responsibility of the contractor, and not the professional team.

7. Annual turnover; Please provide details of the past three years and a forecast of the next financial year.

Year	Home Turnover	Overseas Turnover	Total

8. a) Does the declared turnover (other than turnover representing invoiced fees) relate to the value of all work executed including goods and materials supplied and invoiced during the financial year?

Yes No

If NO, please give details:

b) Does the Applicant supply or manufacture any goods and materials in connection with any work?

Yes No

If YES, please give details:

9. Overseas operations

a) Please state in which overseas territories the Applicant has operated in the past 5 years.

b) Any other territories being considered for future work?

Yes No

If YES, please give details:

10. Does the Applicant have a Design and Consulting Department which operates as a separate entity with each contract billed with the actual fee?

Yes No

If 'no' how do you identify and define the professional work?

11. a) Please give an approximate percentage breakdown of the following professional services during the last financial year:

Architectural	%	Chemical Engineering	%
Civil Engineering	%	Soil and Foundation Engineering	%
Structural Engineering	%	Nuclear Engineering	%
Mechanical Engineering	%	Surveying - (i) Land	%
Electrical Engineering	%	Surveying - (ii) Quantity	%
Heating and Ventilation Engineering	%	Surveying - (iii) Building	%
		Others (please list)	%
		TOTAL:	100%

b) Please give an approximate percentage breakdown of the following work applicable to answers in questions 6(a) to 6(d):

Residential Buildings	%	Air Conditioning/heating/ventilation	%
Offices and Shops	%	Manufacturing and Milling Plant	%
High Rise Contracts (10 storey +)	%	Waste Management/Treatment	%
Universities/Schools/Hotels	%	Conveying/Crushing/Screening	%
Warehouses/Factory Buildings	%	Chemical and Petrochemical	%
Soil/Piling Foundation Work	%	Habours/Jetties	%
Bridges and Culverts	%	Sea Defence	%
Shaft Sinking and Tunnelling	%	Offshore Pipeline/Cable Laying	%

Dam and Reservoirs	%	Turbo Generating Plant	%
Highways and Roads	%	Nuclear Power Plant	%
Water/Sewerage/Electrical Supply	%	Oil and Gas Rig Terminals	%
Environmental/Pollution Testing	%	Cooling Towers/Silos	%
Landfill/Landfill Reclamation	%	Others (please list)	%
Cold Storage/Refrigeration	%		

TOTAL: 100%

12. a) Is there any major change in the nature of activities anticipated in the next 12 months?

Yes No

If YES, please provide details:

b) Has the Applicant used or intending to use any prototype or innovative construction techniques, designs or materials?

Yes No

If YES, please provide full details:

13. Please state the 5 largest contracts where construction began during the past 5 years and where professional services were provided by the Applicant:

14. Details of staff (including agency staff) employed to carry out the professional duties listed in 11. (a):

a) Number of Partners

b) Name	Qualifications	Date Qualified	How long Partner/ Principal in this place
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c) Number of all other Professional Qualified Staff

d) Number of all other staff

(NOTE: If any of these staff are qualified by experience, please attach full details of appropriate practical experience acquired in this and previous employment.)

15. a) Does the Applicant belong to any Trade Association or Professional bodies?

Yes No

If YES, please provide details:

b) Has the Applicant achieved ISO qualification or similar?

Yes No

If YES, please provide details:

16. a) Does the Applicant endeavour to limit liability to the employer and/or principal under contract?

Yes No

If YES, please provide details:

b) Does the Applicant enter into any collateral warranties?

Yes No

If YES, is legal advice sought before entering into such warranties?

c) Does the Applicant engage the services of or assume responsibility for independent sub-consultants and/or sub-contractors?

Yes No

If YES, what type of activities or professional services are sub-contracted?

d) Does the Applicant ensure that the above have professional indemnity insurance for not less than the amount of cover requested this proposal?

Yes No

Previous Insurance History

17. a) Has the Applicant previously proposed for or been insured by a professional indemnity policy?

Yes No

If YES,

- b) Name of Insurers? Date the Policy expires?
c) Indemnity Limit? Excess?
d) Basis of cover (claims made or losses occurring)?
e) Retroactive Date?

18. Has any insurers ever:

a) Declined a proposal or a renewal for this insurance? Yes No

b) Imposed special terms or increased premiums? Yes No

c) Cancelled cover? Yes No

If YES, please provide full details:

19. Amount of indemnity required:

20. The amount of Excess the Applicant is willing to carry, if available, as uninsured in respect of each and every claim (which includes associated Defence Costs):

Previous Claims History

21. a) Has any claim that would have been covered by the proposed insurance ever been made against the Applicant or any of its directors or employees during the last 10 years?

Yes No

If "Yes", please provide details including the amount claimed:

- b) Has the Applicant been involved in any dispute or arbitration concerning professional fees, advice or services to others during the last 10 years?

Yes No

If "Yes", please provide details:

22. Do any of the directors or employees, AFTER ENQUIRY, have any grounds for suspecting, or are they aware of any **circumstances which might give rise to a claim** against the Applicant or against any of the present or former directors during the last 10 years?

Yes No

If "Yes", please provide details including the potential costs:

DECLARATION

I/We declare and warrant that after enquiry all statements and particulars contained in this proposal and addenda are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this proposal and should the above particulars alter in any way I/we will advise Underwriters as soon as practicable. I/We understand that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the proposal may result in the Underwriters refusing to provide indemnity or voiding the policy in every respect. I/We hereby agree and accept that this Declaration shall be the basis of the contract between me/us and Underwriters upon acceptance by me/us and of the quotation afforded by Underwriters.

Signed on behalf of:

Applicant _____ Name _____
Position _____ Date _____ / _____ / _____
(MO) (DAY) (YEAR)