



PROFESSIONAL
INSURANCE AGENTS

Professional Indemnity Insurance Proposal Form

Architects and associated professions

Return to:

Professional Insurance Agents
Unit 9, Pacific House
Sovereign Harbour Innovation Park
1 Easter Place, Eastbourne
East Sussex
BN23 6FA

e: info@professionalinsuranceagents.co.uk

t: 01323 648000

Architects Professional Indemnity Insurance

Section 1 Business Details

1.1 *Including all previous trading names / styles.*

Name of Business:	<input type="text"/>		
Registered Business Address:	<input type="text"/>		
Contact Name:	<input type="text"/>	Email:	<input type="text"/>
Contact Number(s):	<input type="text"/>	Business Establishment Date(s):	<input type="text"/>
Website Address:	<input type="text"/>	Fax:	<input type="text"/>

Do you require cover for any subsidiary companies and/or former companies? ☐ Yes ☐ No

1.2

Names of Principals / Partners / Directors & Consultants	Age	Years in current position	Qualification
<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"/>

How many Employees are there?

Please state your Employer Reference Number (ERN) & Wage Roll: ERN: Wage Roll:

1.3 Is your business a member of any professional organisations, regulatory bodies or trade associations? ☐ Yes ☐ No

If Yes, please provide details below

1.4 Please state the gross turnover in respect of the following years:

	Last completed financial year	Estimate - current financial year	Estimate - next financial year
Domestic turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
USA/Canada turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other territory turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Date of financial year end:	<input type="text"/>	How much gross turnover is paid to third party contractors?	
Currency:	<input type="text"/>	<input type="text"/>	

1.5 If you have undertaken work outside of your domestic territory, please provide full details of all previously completed, current and any forthcoming overseas projects:

Are all overseas contracts subject to your domestic law? ☐ Yes ☐ No ☐ N/A

If no, please enter full details below

Section 2 Activities/Contractual Information

2.1 Please describe below the specific nature of your business activities, this should include any previous activities which you no longer perform, but you still require cover for (we strongly recommend that cover for past work is requested):

2.2) Please confirm the split of your total gross turnover for your last completed financial year in respect of the following areas. *New business start-ups should provide estimations*

	Domestic	Overseas	USA/ Canada
Architectural			
CDM Principle Designer			
Design & Build			
Expert Witness			
Feasibility Studies			
Fit Out Work			
Interior Design			
Project/Construction Co-ordination			
Project/Construction Management			
Structural Work			
Surveying			
Technical Inspection of the Construction			
Town Planning			
Valuations			
Other (please define) <input type="text"/>			
Total:			

2.3) Please confirm the split of your total gross turnover in respect of the following areas. *New business start-ups should provide estimations*

	Domestic	Overseas	USA/ Canada
Airports			
Basements			
Commercial (existing) buildings			
Commercial (new) buildings			
High Rise (10 storeys, or more)			
Industrial (existing) buildings			
Industrial (new) buildings			
Marine			
Public (existing) buildings			
Public (new) buildings			
Residential (existing) buildings			
Residential (new) buildings			
Swimming Pools			
Other (please define) <input type="text"/>			
Total:			

* 'Public Buildings' include, Government Department Buildings, Hospitals, Schools, Universities etc.

2.4) Do you perform the physical construction, erection, fabrication, assembly, manufacturing and/or installation works? ☐ Yes ☐ No

2.5) Do you enter into contracts with any party who undertakes installation, construction, alteration, maintenance or repair work on your behalf? (this question should be answered No if you are simply responsible for recommending or directing contractors who are engaged by another party) ☐ Yes ☐ No

If you have answered 'yes' to either of the above, please complete the attached 'D&C' questionnaire

2.6) Please give details of the 3 largest contracts you have carried out in the past 6 years. (new business start-ups should declare estimated / pending contracts)

Client	Nature of projects and your specific responsibilities	Overall project value (If known)	Total fee income derived from the client	Start Date / End date

Section 3 Internal Risk Management

- 3.1)** When entering into contracts with clients do you...
- a) Only perform the work if the contract is in writing and signed by the client? ☐ Yes ☐ No
- b) Confirm any changes to your originally agreed services back in writing to your client? ☐ Yes ☐ No
- c) Seek specialist, qualified legal advice prior to entering into contracts? ☐ Yes ☐ No
- d) Exclude liability for consequential loss or financial damages that is greater than the value of the contract? ☐ Yes ☐ No
- e) Ensure that any sub-contractors you employ hold a separate and valid Professional Indemnity & Public Liability Insurance policy ☐ Yes ☐ No

3.2) (If applicable) Do you always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any professional employee? ☐ Yes ☐ No

If you have answered 'no' to any question in section 3, please confirm below in what instances and why you do not

Section 4 Insurance History

4.1)

Current	Inception Date:	<input type="text"/>	Premium:	<input type="text"/>
	Limit:	<input type="text"/>	Excess:	<input type="text"/>
	Insurer:	<input type="text"/>		
Required	Limit:	<input type="text"/>	Excess:	<input type="text"/>

4.2) Would you like us to request terms for the following?

Public Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employers' Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Office Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cyber Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5 Claims

- 5.1)** Have any claims (successful or otherwise) been made against any of the companies to be insured and / or its past and present partners / principals / directors? ☐ Yes ☐ No
- 5.2)** Have any claims arisen in respect of employee dishonesty / fraudulent activity? ☐ Yes ☐ No
- 5.3)** Have any precautionary notifications been made to current / previous Insurers, that you believed at the time of notification may escalate into a claim? ☐ Yes ☐ No
- 5.4)** Have any fee disputes - which you believed could have resulted in a possible counter-claim being brought against you - been reported to current / previous Insurers? ☐ Yes ☐ No
- 5.5)** Has any proposal for insurance made on your behalf, or on behalf of any past and present partners / principals / directors ever been declined, or has any insurance ever been cancelled or refused at renewal? ☐ Yes ☐ No
- 5.6)** Has any disciplinary action been brought by a regulatory or professional body against any of the companies to be insured and / or its past and present Partners / Principals / Directors? ☐ Yes ☐ No

5.7) Are you aware of any circumstances which may result in a claim being made against any of the companies to be insured and / or its past and present partners / principals / directors? (this includes any shortcomings in your work not yet known to clients, that you believe cannot be adequately rectified) ☐ Yes ☐ No

If you have answered 'yes' to any of the questions above, and you have not previously reported these to PIA, please provide full details (including any payments made or reserves) in a separate document (ideally a word/pdf document). If a successful claim/disciplinary action was made, please also confirm the steps taken to mitigate the chances of re-occurrence.

Section 6 D&C Table (Complete if performing both design & build works)

Please complete the below table (please give details of gross turnover to nearest thousand)

	Past Financial Year		Current Financial Year	
	UK	Overseas	UK	Overseas
a) Turnover where the firm designs and constructs from their own design and provides full technical supervision.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Fees of those departments where the firm provides				
I) Design and technical services where no construction is involved by the firm	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
II) Principle designer role (as per CDM 2015 Regulations)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Turnover where the firm constructs from designs performed on behalf of the firm by independent, qualified and insured consultants.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Turnover where the firm constructs from designs and where the technical supervision is performed on behalf of the firm by independent, qualified and insured consultants.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Other Turnover not mentioned above, please define below.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 7 Declaration

I / We declare that the statements and particulars in this proposal and submission are true and I / We have made a fair presentation of the risk, by disclosing all material matters which I / We know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances. Furthermore, I / We will agree to inform Insurers of any material alterations to my / our circumstances that may occur before or after the completion of any contract of insurance offered to me / us by the Insurer

Signature of Principal / Partner / Director:

Full Name:

Date:

****By signing this declaration, on behalf of our company and any applicable employees, we are also consenting to PIA sending relevant insurance information to us as part of their services. This consent can be withdrawn at any time by giving written notice to PIA.**

Please note that returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Professional Insurance Agents' to seek terms on my/our behalf from Insurers; including current Insurers