



PROFESSIONAL  
INSURANCE AGENTS

## Professional Indemnity Insurance Proposal Form

Design and Construct

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# Design and Construct Proposal Form

## 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Chemical Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Civil Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electrical Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Environmental Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heating, Ventilation, Air Conditioning Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marine Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mechanical Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nuclear Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Co-ordination	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project Management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Planning Supervisor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Soil Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Structural Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please define) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Total:	<input type="text"/>

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

	Design only	Design & Construct
<b>Engineering</b>		
Bridges	<input type="text"/>	<input type="text"/>
Dams	<input type="text"/>	<input type="text"/>
Harbours	<input type="text"/>	<input type="text"/>
Mines	<input type="text"/>	<input type="text"/>
Railways	<input type="text"/>	<input type="text"/>
Roads/Highways	<input type="text"/>	<input type="text"/>
Sewage/Water Systems	<input type="text"/>	<input type="text"/>
Tunnels	<input type="text"/>	<input type="text"/>
<b>Industrial</b>		
Energy	<input type="text"/>	<input type="text"/>
Industrial Buildings Systems	<input type="text"/>	<input type="text"/>
Manufacturing Plants	<input type="text"/>	<input type="text"/>
Petrochemical/Refineries	<input type="text"/>	<input type="text"/>
<b>Property</b>		
Basements	<input type="text"/>	<input type="text"/>
Individual Dwellings/Offices	<input type="text"/>	<input type="text"/>

Low Rise Multiple Dwellings/Offices		
High Rise Multiple Dwellings/Offices		
Modular Dwellings/Offices (involving repetitive design)		
<b>Public Buildings</b>	<b>Design only</b>	<b>Design &amp; Construct</b>
Airports		
Government Department		
Hospitals/Nursing Homes		
Hotels		
Leisure		
Schools/Universities		
	<b>Total:</b>	

**2.4)** Do you have any responsibility in respect of the manufacture or fabrication of a pre-engineered unit? ☐ Yes ☐ No

*If 'yes' please provide full details of the nature of the contracts involving these elements*

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**2.5)** When carrying out the works, are well established techniques always used? ☐ Yes ☐ No

**2.6)** Are all current contracts on time and on budget and can you also confirm that you have never failed to complete a project? ☐ Yes ☐ No

**2.7)** Does the firm have a quality assurance system in place? (Proof may be required) ☐ Yes ☐ No

*If you have answered 'no' to 2.5, 2.6, & 2.7, please provide full explanations in the 'additional information' section below*

**2.8)** Has the firm ever undertaken a contract as part of a Consortium or a Joint Venture? ☐ Yes ☐ No

*If 'yes' please provide full details*

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**2.9)** 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.				
b) Fees of those departments where the firm provides				
I) Design and technical services where no construction is involved by the firm				
II) Principle designer role (as per CDM 2015 Regulations)				
c) Turnover where the firm constructs from designs performed on behalf of the firm by independent, qualified and insured consultants.				
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.				
e) Other Turnover not mentioned above, <i>please define below</i> .				

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**2.10)** 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

**2.11)** Please give details of any new major projects planned to be undertaken over the next twelve months (*this question is n/a to new business start-ups as their estimated projects should be declared above*)

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 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?                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Confirm any changes to your originally agreed services in writing to your client?                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Seek specialist, qualified legal advice prior to entering into contracts?                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Exclude liability for consequential loss or financial damages that is greater than the value of the contract?                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Exclude liability for pollution and / or contamination.                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Ensure that any sub-contractors you employ to carry out the design / technical works on the firm's behalf have the relevant qualifications/experience, and also hold a separate and valid Professional Indemnity & Public Liability Insurance policy, with a limit of indemnity at least equal to the limits you hold? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:	<div></div>	Premium:	<div></div>
	Limit:	<div></div>	Excess:	<div></div>
	Insurer:	<div></div>		
Required	Limit:	<div></div>	Excess:	<div></div>

**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 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*