

CONSULTING ENGINEERS PROPOSAL FORM



HOLMAN
PROFESSIONAL INDEMNITY

SINCE 1832

IBEX HOUSE, 42-47 MINORIES, LONDON, EC3N 1DY FAX: 020 7977 8245

IMPORTANT POINTS

Please ensure all questions are answered fully, where there is insufficient space please supply information on a separate sheet.

The questions must be answered to the best of your knowledge and belief.

This form must be signed and dated.

Please provide a brochure, if available, and sight of any standard contract terms & conditions used.

It is your continuing duty to disclose all material facts during the policy period which may influence underwriters assessment of your business. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy void.

Details of Proposer:

1. Full name of Firm/Company: (Please list **all** intended parties to be included for cover under this insurance including any foreign subsidiaries)

(Hereinafter know as the "Proposer")

2. Address(es):

Tele. Number:

Fax Number:

e-mail address:

3. Date established:
4. Professional activities of Proposer:
5. Professional Associations: (Please give details of any Professional/Trade Associations to which the Proposer belongs)

Associated Interests:

6. Please give details of any Director or Partner of the Proposer financially associated with any other firm:

History:

7. Please give details of any mergers, acquisitions, consolidations or name changes which have occurred during the past 5 years:

N.B. If cover is required for any firm(s) detailed in answer to question 7, please ensure that they are correctly identified in your answer to question 1

Human Resources

8.(1) Full names of all Directors/Partners Number of years in this Capacity Qualifications Date Qualified

(2) Please provide details/curriculum vitae of any Director/Partner with less than 5 years applicable experience

(3) If sole Director/Partner, is this a part time occupation? If so, please provide details of other occupations.

9. Details of Professionally Qualified Staff:

<u>Name</u>	<u>Title and length of time as such</u>	<u>Qualification</u>	<u>Date Qualified</u>
-------------	---	----------------------	-----------------------

If unqualified staff are executing activities/details normally undertaken by qualified persons, please give details:

<u>Name</u>	<u>Title</u>	<u>Activities/Duties</u>	<u>Length of Time undertaking such Activities/Duties</u>
-------------	--------------	--------------------------	--

(Please provide C.V. 's)

10. Total number of staff:

Financial Analysis

11. Please give total Gross fees for the past 3 completed years.

	Year end __ / __ / __	Year end __ / __ / __	Year end __ / __ / __
United Kingdom			
USA/Canada			
Other			
Total			

12.A Please indicate the approximate percentage of income apportionment for the last completed year:

- | | | |
|------|-------------------------------------|---|
| (1) | Civil Engineering | % |
| (2) | Structural Engineering | % |
| (3) | Mechanical Engineering | % |
| (4) | Electrical Engineering | % |
| (5) | Heating and Ventilating Engineering | % |
| (6) | Chemical Engineering | % |
| (7) | Soil Engineering | % |
| (8) | Nuclear Engineering | % |
| (9) | Architectural/Town Planning | % |
| (10) | Landscape Architecture | % |
| (11) | Any other, please give details | % |

100 %

12.B	(1)	Feasibility studies, Reports, Surveys, etc. (no actual design work)	%
	(2)	Bridges/Tunnels	%
	(3)	Dams	%
	(4)	Mines	%
	(5)	Harbours/Jetties/Offshore Installations	%
	(6)	Sewerage Schemes	%
	(7)	Foundations and Underpinning	%
	(8)	Soil Testing	%
	(9)	Water Schemes	%
	(10)	Nuclear/Atomic Projects	%
	(11)	Heating/Ventilation/Air Conditioning	%
	(12)	Chemical/Petro-Chemicals/Refineries	%
	(13)	Housing Schemes (2-3 Floors)	%
	(14)	High Rise Buildings	%
	(15)	Schools/Hospitals/Municipal Buildings	%
	(16)	Industrialised Systems Buildings	%
	(17)	Mechanical Plant and Bulk Handling Equipment	%
	(18)	Any other, please give details	%

100 %

13. Please indicate the proportion of work where the Proposer designs and supervises construction: %

14. Please indicate the proportion of work where the Proposer provides technical supervision of construction from the design's of other firms: %

15. Estimate for forthcoming year: £
16. Largest total fee from any one client: £
17. Average fee: £
18. Does the Proposer require cover for any Director or Partner for liability arising out of a previous business? If yes, please provide full details.
19. Does the Proposer require cover for claims made against any independent Consultant to whom work is sub-contacted? If yes, please provide full details.

Additional Information

20. Please give details of the 5 largest contracts commenced during the last 6 years where the Proposer has provided Professional Services:

	1	2	3	5	6
Start date					
Name					
Type of Project					
Services performed					
Value of your works					
Total contract values					
Estimated completion date					

21. Are all of your contracts subject to English law? If not please give details:
22. Are full rights of recourse maintained against sub-contractors, consultants and product suppliers? YES/NO
If NO, please explain.
23. Please give details of any substantial changes to the Proposer's activities during the next 12 months:
24. Is coverage required in respect of any Director/Partner who has left, retired or died. If yes, please provide details as per question 8
25. Is coverage required for any Director/Partner for liabilities arising out of a previous business. If yes, please provide details:
26. Is coverage required for:
- | | | |
|-----|----------------------------|--------|
| (1) | Loss of Documents: | YES/NO |
| (2) | Dishonesty of Employees: | YES/NO |
| (3) | Libel & Slander: | YES/NO |
| (4) | Infringement of Copyright: | YES/NO |

Details of Existing Insurance

27. Does the Proposer currently buy Professional Indemnity Insurance: YES/NO
- If yes:
- | | | |
|-----|---------------------------|-----------------|
| (1) | Name of existing Insurer: | |
| (2) | Indemnity Limit: | £ |
| (3) | Self insured excess: | £ |
| (4) | Premium: | £ |
| (5) | Renewal Date: | ___ / ___ / ___ |
| (6) | Retroactive Date: | ___ / ___ / ___ |

Please note that cover will only apply to work executed after the Retroactive Date

28. Has any proposal for Professional Indemnity Insurance made on behalf of the Proposer, Present Director/Partner or any predecessors in business ever been declined or punitive conditions imposed? YES/NO

If yes, please give details

Limits Required

29. Please state the Limit(s) of Indemnity for which you require quotations:

£	£	£	£
---	---	---	---

30. Please state the amount of Self Insured Excess you are prepared to carry. Please note, a minimum Self Insured Excess will be required based on the answers contained in this Proposal Form:

£	£	£	£
---	---	---	---

Claims Experience

Please note that Professional Indemnity Insurance is on a 'claims made' basis and Insurers will exclude any claim, circumstance which may/or is likely to give rise to a claim known by the Proposer prior to the inception of any Professional Indemnity policy. In order that your interests are fully protected you must answer the following questions after full enquiry.

31. Have any Professional Indemnity claims been made against the Proposer or any former Director/Partner including whilst acting at any other firm during the last 10 years? YES/NO

If YES, please submit full details when returning this proposal form.

32. Are any of the Directors/Partners or employees, AFTER FULL ENQUIRY aware of any circumstance which may give rise to a claim against the Proposer or their predecessors in business or any of the present or former Directors/Partners.

If YES, please submit full details when returning this Proposal form.

33. (1) You are reminded of 'IMPORTANT POINTS' on page 1.
 (2) Please ensure you retain a copy of this Proposal Form.

Declaration

I/WE DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I/WE HAVE NOT SUPRESSED OR MIS-STATED ANY MATERIAL FACTS.

I/WE AGREE THAT THIS DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE INSURERS.

SIGNATURE OF PROPOSER: (Director/Partner)	
--	--

DATE:	
--------------	--