

# DESIGN AND CONSTRUCT CONTRACTORS PROPOSAL FORM



**HOLMAN**  
PROFESSIONAL INDEMNITY

SINCE 1832

## **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):  
Telephone 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.(a) Full names of all Directors/Partners      Number of years in this Capacity      Qualifications      Date Qualified

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

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

9. Details of Professionally Qualified Staff:

Name      Title and length of time as such      Qualification      Date Qualified

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

Name      Title      Activities/Duties      Length of Time undertaking such Activities/Duties

(Please provide C.V.'s)

10. Total number of staff:

**Financial Analysis:**

11. Please give total Turnover for the past 3 completed years.

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

12. Estimate for forthcoming year: £

13. Please complete the following:

	<u>In the Past 12 Months</u>		<u>Estimated for Coming 12 months</u>	
	<u>Home</u>	<u>Foreign</u>	<u>Home</u>	<u>Foreign</u>
	a) Turnover where Proposer Designs and Constructs from their own Design and provides full Technical Supervision.	£ _____	£ _____	£ _____
(b) Fees where Proposer provides Design and Technical Services (i.e. where no Construction is carried out by the Proposer.	£ _____	£ _____	£ _____	£ _____
(c) Turnover where Firm Constructs from Others' Designs performed on behalf of the Firm.	£ _____	£ _____	£ _____	£ _____
d) Turnover where Proposer constructs from Others design and Others Technical supervision performed on behalf of the Proposer.	£ _____	£ _____	£ _____	£ _____
(e) Turnover not mentioned above, which includes <u>any</u> professional advice or design given by the Proposer, please give details.	£ _____	£ _____	£ _____	£ _____
(f) Any Other Turnover, please give details.	£ _____	£ _____	£ _____	£ _____
<b>TOTAL TURNOVER FOR WHOLE GROUP.</b>	<b>£ _____</b>	<b>£ _____</b>	<b>£ _____</b>	<b>£ _____</b>

14 Please give the approximate percentage of the Design and Construct Turnover and Design Fees in the past 12 months applicable to the following:

	<u>Home</u>		<u>Foreign</u>	
	<u>Design Only</u>	<u>Design and Construct</u>	<u>Design Only</u>	<u>Design and Construct</u>
<u>Home Building</u>				
(a) Individual Dwellings	%	%	%	%
(b) Low Rise Multiple Dwellings	%	%	%	%
(c) High Rise Multiple Dwellings	%	%	%	%
(d) Modular Dwellings (repetitive)	%	%	%	%
<u>Commercial Building</u>				
(a) High Rise Offices	%	%	%	%
(b) Low Rise Offices	%	%	%	%
(c) Shopping Centres	%	%	%	%
(d) Other, please specify	%	%	%	%

Amenities

(a) Hospitals and Nursing Homes	%	%	%	%
(b) Hotels and Recreation Centres	%	%	%	%
(c) Schools and Universities	%	%	%	%

Engineering Construction

(a) Roads, Highways	%	%	%	%
(b) Bridges, Tunnels and Dams	%	%	%	%
(c) Railways, Airports, Harbours, Jetties	%	%	%	%
(d) Water Schemes, Sewage	%	%	%	%

Industrial

(a) Power Plants	%	%	%	%
(b) Refineries and Petro-Chemical	%	%	%	%
(c) Manufacturing Plants	%	%	%	%
(d) Industrial Building Systems	%	%	%	%

100%                      100%                      100%                      100%

15. Please give the approximate percentage of the total work the Proposer has undertaken in the past 12 months applicable to the following:

	<u>HOME</u>	<u>FOREIGN</u>
(a) Architectural	%	%
(b) Civil Engineering	%	%
(c) Structural Engineering	%	%
(d) Mechanical Engineering	%	%
(e) Chemical Engineering	%	%
(f) Electrical Engineering	%	%
(g) Hydraulic Engineering	%	%
(h) Heating and Ventilating Engineering	%	%
(i) Soil Engineering	%	%
(j) Nuclear Engineering	%	%
(k) Surveying		
(1) Land	%	%
(2) Quantity	%	%
(3) Building	%	%
(l) Any other, please give details.	%	%
	<u>100%</u>	<u>100%</u>

**Additional Information:**

16. Please give details of the 5 largest contracts commenced during the last 6 years where the Proposer has been involved in Design, Construction or Provision of Technical Services.:

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

17. Is the Proposer engaged in or is the Proposer responsible for the manufacture or fabrication of any pre-engineered unit? YES/NO

If YES, please give details, and confirm where the relevant income is declared in answer to Question 15.

18. Does the work carried out by the Proposer consist of well established techniques? YES/NO

If NO, please provide details.

19. Does the Proposer have any formal quality assurance or control programme in force? YES/NO

If YES, please provide details.

20. Does the Proposer carry out work as a member of a Joint Venture or Consortium? YES/NO  
If YES, please provide details.
21. Is the Proposer undertaking any major new operations during the next 12 months? YES/NO  
If YES, please provide details.
22. Does the Proposer have any contract or client which represents more than 50% of annual work? YES/NO  
If YES, please give details.
23. Does the Proposer plan any radical change in the type of work sought or changes in well established techniques in the next 12 months? YES/NO  
If YES, please provide details.
24. Are all of your contracts subject to English law? YES/NO  
If NO please give details.
25. Does the Proposer require sub-contractors &/or consultants to maintain Professional Indemnity Insurance YES/NO  
If NO, please explain
26. Is coverage required in respect of any Director/Partner who has left, retired or died. If yes, please provide details as per question 8
27. Is coverage required for any Director/Partner for liabilities arising out of a previous business. If yes, please provide details.
28. Is coverage required for:
- |     |                            |        |
|-----|----------------------------|--------|
| (a) | Loss of Documents:         | YES/NO |
| (b) | Dishonesty of Employees:   | YES/NO |
| (c) | Libel & Slander:           | YES/NO |
| (d) | Infringement of Copyright: | YES/NO |



**Details of existing Insurance:**

29. Does the Proposer currently buy Professional Indemnity Insurance: YES/NO

If yes:

(a) Name of existing Insurer:

(b) Indemnity Limit: £

(c) Self insured excess: £

(d) Premium: £

(e) Renewal Date: \_\_\_ / \_\_\_ / \_\_\_

(f) Retroactive Date: \_\_\_ / \_\_\_ / \_\_\_  
*Please note that cover will only apply to work executed after the Retroactive Date*

(g) 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:**

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

£	£	£	£
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31. 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:

£	£	£	£
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**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.

32. 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.

33. 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. YES/NO

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

34. (a) You are reminded of 'IMPORTANT POINTS' on page 1.  
(b) 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:**