



# TYSERS

## PROFESSIONAL INDEMNITY

Proposal Form  
for  
Architects

Since 1820



Tyser & Co Limited, UK Corporate Risks Division  
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Authorised & Regulated by the Financial Services Authority Ref. No. 308648

**Information:**

This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – i.e. CLAIMS MADE is the date when the claim is received by Tyser & Co Limited, not the date of the alleged claim, that determines the applicable policy. A gap in cover therefore leaves the Insured unprotected.

Please answer all the questions giving full and complete answers. If you have insufficient space to complete any of your answers, please continue on your headed paper. This form must be signed and dated by a Director, Partner or Principal or identified Officer of this firm.

The proposal form must be completed and signed and dated by a person who is of legal capacity and have the authorisation to request this insurance for the Proposer.

This form does not bind the Proposer but will form part of the Insurance contract if taken up.

Should you wish to discuss any questions on the proposal form please do not hesitate in contacting us, we do understand that some of the questions may not be self explanatory.

**Duty to disclose material facts**

Since an insurance/reinsurance contract is based upon the duty of utmost good faith, it is important that those seeking insurance/reinsurance should provide full disclosure of all material facts to insurers and that this information should be kept updated. The courts will find a fact to be 'material' where it would affect the judgment of a prudent insurer as to whether or not to accept the risk at the particular terms offered.

The practical advice, which we give to clients or producers, is this; if you are in doubt we recommend that you advise the information to insurers. Please note that a renewal is based on the information, which has already been provided to insurers. Therefore if there is a change in such information which has not yet been advised, this must now be advised to insurers.

**Please supply the following additional information:**

- T** Company Brochure
- T** CV's of Principals
- T** Copy of Standard Contract Terms and Conditions (if applicable)



## Instructions

Please provide a full answer to every question. Please ensure that all answers are typewritten or printed in block letters within the spaces provided. A principal of the practice must sign and date this form and any separate sheets.

1. Practice Name *(please include all names under which you practice)*

2. Date business established

3. Main office address

Postcode

Main office telephone number

Main office fax number

Contact email address

Website

If more than one office exists, is there a Senior Partner/Director/Member at each office to oversee operations?  
If 'No' please provide CV of the person overseeing the office.

Yes  No

**PLEASE LIST ON A SEPARATE SHEET ALL BRANCH OFFICES INCLUDING ADDRESS FOR WHICH YOU ARE SEEKING COVER.**



4. Please advise the following (including details of sole practitioner)

Name of all Partner/Directors/Members	Age	Qualifications	Date Qualified	How long as Partner/Director/Member

Name of all Consultants	Age	Qualifications	Date Qualified	How long as Consultant of the Firm(s)

5. Please advise number of permanent staff (excluding Partners/Directors/Members)

(a) Total number of staff  (b) Professionally Qualified  (c) Draughtsmen/ Assistants

6. Is cover required for any Partner/Director/Member in respect of his/her liability arising from any previous business? Yes  No   
 If 'Yes' please advise

For which Partners/Directors/Members	Title of previous business	Date left business	Limit of indemnity required if less than that of current firm



7. (a) Has the name of the proposer ever been changed? Yes  No
- (b) Has any other practice or business amalgamated or merged with you? Yes  No
- (c) Have you purchased any other practice or business? Yes  No

If 'Yes' please provide full details

8. If the Proposer is a sole practitioner, what procedures are in place for periods of absence from the office or illness? Please provide full details:

9. Please list the professional, regulatory bodies, trade associations or societies to which you belong:

10. State gross fees received for the following categories

	Last Financial Year	Previous Financial Year	Estimate for Current Year
United Kingdom	£	£	£
USA/Canada	£	£	£
Elsewhere	£	£	£
<b>Total</b>	<b>£</b>	<b>£</b>	<b>£</b>

Please state financial year end date



11. Please list the Proposer's six largest contracts in the last five years:

Client	Territory	Description of Professional Services	Total Contract Value	Your Fees	Start Date	End Date

12. Please confirm the percentage split of your income by geographical area in the UK:

Area	%
North East	
North West	
South East	
South West	
Midlands	
Scotland	
N Ireland	
Wales	
Other	

13. If Other, please specify area(s)/country(ies) and corresponding percentage

Area	%



14. Are the Proposer's current six largest projects progressing to timescale and budget, with no significant unresolved issues: Yes  No

If 'No' please provide full details

15. What percentage of your gross fees was derived in the previous financial year from your largest client?

16. Has the Proposer undertaken any Rail related contracts in the last six years? Yes  No

If 'Yes' please provide full details

17. Please give details of the three largest contracts to be undertaken in the forthcoming year:

Client	Territory	Description of Professional Services	Total Contract Value	Your Fees	Start Date	End Date

18. In respect of all professional services provided, does the Proposer always act under terms of engagement which have either been issued by their professional body or reviewed and approved by a solicitor acting independently of their client? Yes  No

19. Does the Proposer enter into any contracts that are signed under seal, or where applicable limitation period is increased beyond that prescribed by statute? Yes  No



20. (a) Please provide a split of activities in the previous financial year:

Activity	UK %	Elsewhere %
Architectural work stages C to L – New Build		
Architectural work stages C to L – Non Structural Refurbishment		
Architectural Consultancy		
Interior Design – Structural		
Interior Design – Non Structural		
CDM/Planning Supervision		
Town Planning		
Feasibility Studies		
Quantity Surveying		
Land Surveying		
Residential Building Surveying		
Commercial Building Surveying		
Other Surveys – please provide details:		
Residential Valuation		
Commercial Valuation		
Property/Estate Management		
Landscape design (not golf courses)		
Project Co-Ordination		
Project Management		
Fees paid to Consultants, Sub-Contractors or Agents		
Other work – please provide full details on a separate sheet		
<b>Total (100%)</b>		

(b) Have your activities changed in the past five years or do you anticipate any major changes in the next twelve months? If so, please provide full details:

21. Please specify (where applicable) the percentage of gross fees in the previous year that the following types of work represent:

	%
Residential – low rise	
Residential – high rise	
Commercial – low rise	
Commercial – high rise	
Public Sector Housing (including Housing Associations)	
Private Sector Housing Scheme	
Public Sector Hospitals	
Private Sector Hospitals	
Other Healthcare	
Public Sector Schools/Universities	
Private Sector Schools/Universities	
Churches/Cathedrals	
Industrial	
Retail	
Commercial Schemes	
Bridges/Tunnels/Dams/Mines/Harbours/Jetties	
Highways/Roads/Groundwork	
Water/Sewerage	
Hotels/Leisure Centres/Sports Stadia	
Transport/Petrochemical/Nuclear/Atomic activities	
Other – Please provide details on a separate sheet	
<b>Total</b>	<b>100%</b>

22. (a) Structural Surveys Reports and Valuations. Please specify number undertaken in the past year of:

- (i) Residential Structural Surveys
- (ii) Commercial Structural Surveys
- (iii) Partial Reports/Inspections
- (iv) Building Society/Lending Institution Reports
- (v) Major Structural Defects Reports
- (vi) Other (please specify below)



(b) Structural Surveys Reports and Valuations. Please specify amount of largest valuation in the last 3 years for:

		Residential	Commercial	Elsewhere	Residential	Commercial
(i) Single Property	UK	£ <input type="text"/>	£ <input type="text"/>		£ <input type="text"/>	£ <input type="text"/>
(ii) Portfolio	UK	£ <input type="text"/>	£ <input type="text"/>	Elsewhere	£ <input type="text"/>	£ <input type="text"/>

23. Please give the approximate percentage applicable to the following projects in relation to the Firm's total work carried out during the past 12 months.

(i) Hotels & Leisure Centres	<input type="text"/>
(ii) Hospitals (provide details)	<input type="text"/>
(iii) Retail/Supermarkets	<input type="text"/>
(iv) Multiple Housing	<input type="text"/>
(v) Housing Associations	<input type="text"/>
(vi) Clean Air environments	<input type="text"/>
(vii) Other (please specify below)	

24. (a) State the 3 largest contracts where construction has commenced during the past 5 years:

	Starting date & estimated completion date	Description of contract and location (hotel, factory etc)	Total Contract Value	Company's/Firm's Contract Value	State professional services provided
1	to				
2	to				
3	to				

(b) State the 3 largest contracts where construction is expected to commence in the next 12 months:

	Starting date & estimated completion date	Description of contract and location (hotel, factory etc)	Total Contract Value	Company's/Firm's Contract Value	State professional services provided
1	to				
2	to				
3	to				

Proportion of work where Company/Firm both design and undertake limited or full supervision:

Are all independent sub-consultants engaged by the Company/Firm required to have and maintain professional indemnity insurance adequate to cover the liabilities connected with their professional duties? Yes  No

25. Does the Company/Firm 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 give details:

26. (a) Does the Company/Firm or any Partner/Director/Member act on behalf of or undertake work for any firm company or organisation in which the Company/Firm or any Partner/Director/Member has a financial interest? Yes  No

If 'Yes', please give details and details of the fees earned from such work:

(b) Does any other firm, company or organisation have a financial interest in the Company/Firm? Yes  No

If 'Yes', please give details of any work carried out and fees earned:



(c) Do you operate under any formal terms of engagement with the Company in (b)? Yes  No

(d) Is cover required under this insurance for this inter company work? Yes  No

27. Does the Company/Firm or any Partner/Director/Member have any association with or financial interest in any other firm, company or organisation (other than as shareholders/stockholders in a publicly quoted company)? Yes  No

If 'Yes', please give details of the nature of the association together with the name and business of the Third Party:

28. Does the Company/Firm or any Company/Firm mentioned in Question 26 and/or 27 undertake any contract which involves:

(i) Manufacture, construction, erection or installation? *(insert Yes/No)*  (ii) Supply of materials, plant good or equipment? *(insert Yes/No)*

If 'Yes' to either (i) or (ii) please give full details:

29. Is the Company/Firm or any Partner/Director/Member a member of a consortium or joint venture? Yes  No

If 'Yes' please give the names of other members/partners and their capacities in venture:

**NB** Special arrangements must be made with insurers if coverage is required for work done whilst a member of a consortium or joint venture. **In such cases a copy of the consortium/joint venture agreement will be required.**



30. (a) What percentage of income is derived from Associated Companies as detailed above?  %

(b) Is or has the Proposer(s) been a member of a consortium, group practice, joint venture, strategic alliance or involved in any single project partnership? Yes  No

(c) Does the Proposer intend to enter into any joint venture within the next 12 months? Yes  No

If 'Yes' to (b) or (c) please give full details:

(d) Does the Proposer check the competence, financial standing and insurance status of joint venture partners? Yes  No

(e) Has the Company or Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsorily? Yes  No

If 'Yes' please give full details:

(f) Has any Principal or Director been made personally bankrupt? Yes  No

If 'Yes' please give full details:

31. (a) Does the Proposer keep current, accurate and proper records of their financial status in compliance with relevant legislation? Yes  No

If 'No' please give full details:

(b) Are satisfactory written references always obtained when engaging employees? Yes  No



- (c) Are procedures kept in place to ensure that the Proposer is able to provide adequate and properly qualified resource to fulfill all contractual and/or legal obligations? Yes  No
- (d) Are all non-qualified and newly qualified staff kept under adequate supervision by a Principal, Director, Partner or senior professionally qualified employee? Yes  No
- (e) Is there a clearly defined control mechanism in place to minimise the risk of loss or of damage to documents held by or on behalf of the Proposer? Yes  No
- (f) Is there a clearly defined and documented checking or audit procedure in place to ensure that any procedures or mechanisms referred to in a-e are complied with at all times? Yes  No
32. (a) Is any Partner/Director or Employee allowed to sign cheques on his signature alone? Yes  No   
 If 'Yes' up to what amount?
- (b) How often are the entries on the Cash Book reconciled against the Bank Statements by a senior person, other than the head bookkeeper?
- (c) Has the Proposer ever sustained any loss through fraud or dishonesty of any employee? Yes  No

If 'Yes' please give full details:

33. Is the Company/Firm accredited to or in the process of becoming accredited to BS EN 900 Quality Systems or subject to any external quality assessment? Yes  No

If 'Yes' please give full details:

34. Who in the Company/Firm is responsible for quality procedures?



What internal procedures do you have in force in relation to quality?

How often are working procedures reviewed to ensure their continuing suitability and what form does the review take?

35. Please provide details of the procedures in place for confirming a client's instructions?

What records are kept of:

(a) The original contract and subsequent amendments

(b) On-site visits

(c) Telephone conversations involving instructions/advice

36. (a) Does the Company/Firm always obtain satisfactory written references direct from former employers for the three years immediately preceding the engagement of any employee, Member, Director, Partner or Principal responsible for money accounts or goods? Yes  No

(b) Has the Company/Firm suffered any loss or identified any potential loss during the past five years through fraud or dishonesty of any employee, Member, Director or Principal? Yes  No

If 'Yes' state date, circumstances, amount and steps taken to prevent recurrence



37. Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or present Partners/Principals or Directors? Yes  No

If 'Yes' have such matters been notified to current or previous Underwriters? Yes  No

Please provide full details:

38. Are you or any Partners, Directors or Principals, after having made full enquiries, including of all staff, aware of any of the following matters?

(a) Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present Partner, Director, Principal or employee Yes  No

(b) The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you? Yes  No

If 'Yes' please provide full details:

39. Is any person within the Company facing or have they ever faced criminal investigations or disciplinary proceedings by any Institute or other relevant body? Yes  No

If 'Yes' please provide full details:

40. Are there any other Material Facts which ought to be disclosed? Yes  No

If 'Yes' please provide details on a separate sheet.

41. In respect of Professional Indemnity insurance, has any insurer ever declined a proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions? Yes  No

If 'Yes' please give details:



42. Please give details of the Firm's current Professional Indemnity cover:

**DO NOT COMPLETE THIS QUESTION IF YOU ARE ALREADY A CLIENT OF TYSERS PROFESSIONAL RISKS**

Limit of Indemnity	Excess	Premium	Name of Insurer	Renewal Date
£	£	£		

Please advise your requirements	Option 1	Option 2	Option 3
Limit of Indemnity	£	£	£
Excess	£	£	£

**Declaration**

The undersigned authorised Officer of the Company declares that the statement and particulars in this proposal form are true and that no Material Facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

**Signature**

**Name**

**Position**

**Date**

