



TYSERS

PROFESSIONAL INDEMNITY

Proposal Form
for
Design and Construction

Since 1820



Tyser & Co Limited, UK Corporate Risks Division
Beaufort House, 15 St Botolph Street, London EC3A 7EE
Tel: +44 (0)20 3037 8000 Fax: +44 (0)20 3037 8010

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:

- Company Brochure
- Copy of Standard Contract Terms and Conditions (if applicable)
- The last Financial Statement of your Organisation



IMPORTANT NOTES

Please answer all questions leaving no blank spaces. Please complete the form in ink. Where applicable please tick the appropriate box. If the answer is 'Yes' then full details should be given in the space provided.

If you have insufficient space to complete any of your answers, please use your headed paper.

This form must be signed by a Partner, Principal or Director of the Practice.

If you have a brochure about your Firm's Operations please forward it with this application.

1. Name of Firm:
(Add subsidiary companies if to be included in the insurance)

2. Address of Firm:
(If more than one, please give each address)

3. When was the Firm established?

4. Are you financially associated with any other Firms? Yes No

If 'Yes' please give full details

5. During the past five years has the name of the Firm been changed or has any other business been purchased or any merger or consolidation taken place? Yes No

6. The Design and Consulting Department Staff details

Name of Principals and Senior Members of staff	Qualifications and dates qualified	Title of position and length of time as such



Numbers of Staff	Home Based	Overseas Based
Principals and senior qualified members as listed		
Other Technical and Qualified Staff		
Clerical, Typists, Others		
Totals		

7. Please give an approximate percentage split of the disciplines within your Design and Consulting Department:

Architectural	<input type="text"/> %	Soil Engineering	<input type="text"/> %
Civil Engineering	<input type="text"/> %	Nuclear Engineering	<input type="text"/> %
Structural Engineering	<input type="text"/> %	Surveying	(i) Land <input type="text"/> %
Mechanical Engineering	<input type="text"/> %		(ii) Quantity <input type="text"/> %
Electrical Engineering	<input type="text"/> %		(iii) Building <input type="text"/> %
Heating and Ventilating Engineering	<input type="text"/> %	Others	<input type="text"/> %
Chemical Engineering	<input type="text"/> %	Total	<input type="text"/> %

8. a) Indicate as a percentage of total work the extent of the following activities:

Home Building	Design Only	Design & Construct	Industrial	Design Only	Design & Construct
Individual Dwellings	<input type="text"/> %	<input type="text"/> %	Power Plants	<input type="text"/> %	<input type="text"/> %
Low Rise Multiple Dwellings	<input type="text"/> %	<input type="text"/> %	Refineries & Petro-Chemical Installations	<input type="text"/> %	<input type="text"/> %
High Rise Multiple Dwellings	<input type="text"/> %	<input type="text"/> %	Manufacturing Plants	<input type="text"/> %	<input type="text"/> %
Modular Dwellings (i.e. involving repetitive design)	<input type="text"/> %	<input type="text"/> %	Industrialised Systems Buildings	<input type="text"/> %	<input type="text"/> %



Engineering Construction	Design Only	Design & Construct	Amenities	Design Only	Design & Construct
Highways	%	%	Hospitals & Nursing Homes	%	%
Bridges, Tunnels & Dams	%	%	Schools & Universities	%	%
Railways, Airports, Harbours and Jetties	%	%	Hotels and Recreation Centres	%	%
Sewage/Water Scheme	%	%	Other or Specialist Construction	%	%

Do you engage in the manufacture or fabrication of any pre-engineered unit? Yes No

If 'Yes' please give full details

8. b) Add here a statement of the type of work normally carried out, whether consisting of well established techniques or of the nature of new and original thought developments, processes or designs employed. State whether and what licensing or similar agreements are in force and the degree to which supervision of them is exercised by associates.

8. c) Have you ever failed to complete a project? Yes No

If 'Yes' please give full details



9. Please give details of turnover:

	Current Financial Year		Estimate for coming Financial Year	
	Home	Overseas	Home	Overseas
Turnover where Firm Designs and Constructs, from their own Design, and provides full Technical Supervision				
Turnover of those Departments where Firm provides Design and Technical Services, where no Construction is involved by Firm				
Turnover where Firm constructs from Others' Design and Others' Technical Supervision performed on behalf of the Firm				
Other Turnover not mentioned above, please give brief details				
Total turnover for whole group				

10. a) Please give details of the seven largest contracts commenced during the last five years where Design and Consulting Department has been involved.

Date Started	Name & Type of Project	Services Performed	Total Contract Value	Estimated Date of Completion

10. b) Please give details of any major new operations being undertaken during the next 12 months.

10. c) Does any contract or client represent more than 50% of annual work? Yes No



11. Please list the Countries involved in your Overseas operations:

12. a) Please give details of existing insurance

Name of Insurers:

Indemnity Limit:

Excess of:

£
Each & Every Claim

Date of expiry of coverage:

12. b) Has any Proposal for similar insurance made on behalf of the Firm, any predecessors in business, or present partners, ever been declined or has any such insurance ever been cancelled, renewal refused, or any special terms imposed? Yes No

If 'Yes' please give details

13. Have any claims for professional negligence, error or omission been made against the Practice or its present Directors/Partners? (Whether insured or not) Yes No

If 'Yes' please give full details of circumstances, amounts involved or paid

14. Are any of the Directors/Partners or employees AFTER ENQUIRY, aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm or its predecessors in business or any of its present or former Directors/Partners? Yes No

If 'Yes' please give full details of circumstances and amounts involved



15. a) What limit(s) of indemnity do you require a quotation for?

£250,000 £500,000 £1,000,000 £2,000,000 £5,000,000

Other, please specify:

£

b) What excess are you prepared to carry?

£1,000 £2,500 £5,000 £10,000

Other, please specify:

£

16. What is the amount of the excess which your Firm would be prepared to carry in respect of each claim?
(Underwriters require minimum excesses, depending on the size of the Firm and type of work undertaken).



Commercial Combined/Office Insurance

If you would like us to provide you with an indication of cover on the above please complete the following:

Estimated Annual Wageroll split: Clerical £ _____
Manual £ _____

Property values	Location 1 Single Occupancy Y/N Please strike out accordingly	Location 2 Single Occupancy Y/N Please strike out accordingly	Location 3 Single Occupancy Y/N Please strike out accordingly
Main building: Rebuild Value if owner:	£	£	£
Or Tenant improvements:	£	£	£
Personal computers, printers and ancillary computer equipment at the premises:	£	£	£
All other contents/business equipment at the premises:	£	£	£
Portable computers and associated equipment at home/away from the premises anywhere in the European Union:	£	£	£
Portable computers and associated equipment at home/away from the premises anywhere in the world:	£	£	£
All other business equipment at home/away from the premises anywhere in the European Union:	£	£	£
All other business equipment at home/away from the premises anywhere in the world:	£	£	£

Fire Alarm Details:

Intruder Alarm details:

Please provide details of any Liability Claims or property damage claims you have incurred in the last 5 years please use an extra page if necessary:

Employers Reference Number or Employer PAYE reference which will be required prior to placement: _____



DECLARATION

I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this Proposal, together with any information supplied by me/us shall form the basis of any contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts whether occurring before or after completion of the Contract of Insurance.

Signing this Proposal Form does not bind the Proposer or Underwriter to complete this Contract of Insurance.

Date:

For & on behalf of:
(Name of Firm)

Signatures:

Proposer

Principal of Design & Consulting

Department:

Note: In the case of a Company this Form must be signed by a Director or responsible and identified Officer. In the case of a Partnership it must be signed by the Principal or Partner, and in either case by the Head of the Design and Consulting Department.

A copy of this proposal should be retained by you for your own records.

