

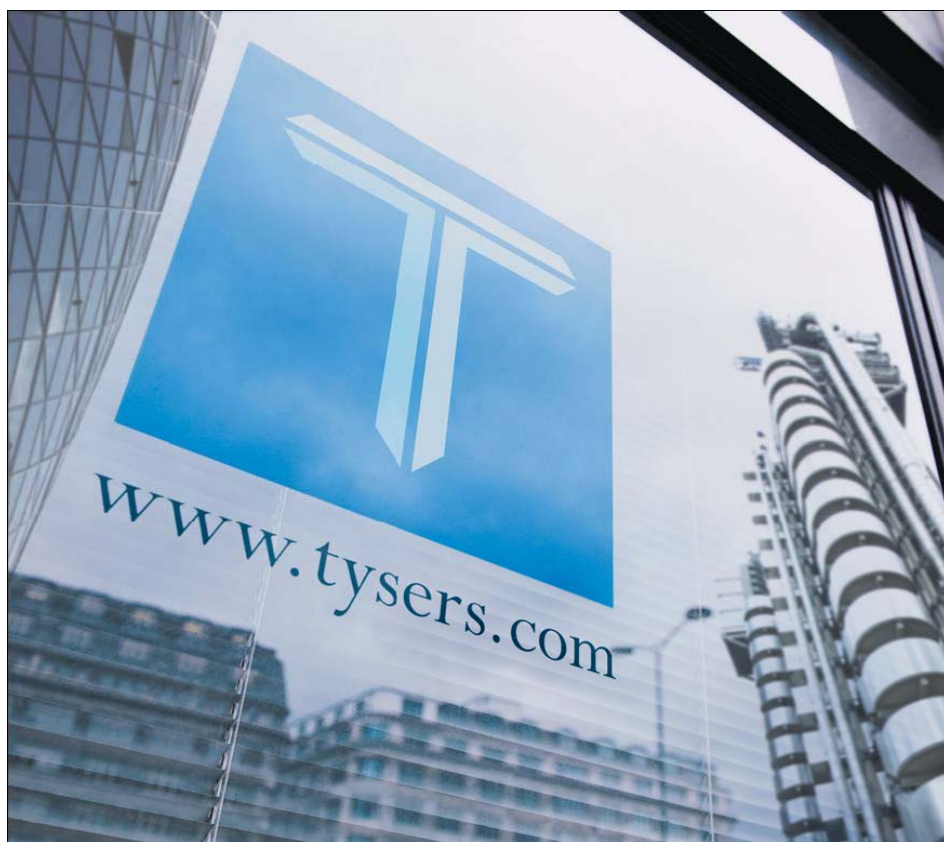


TYSERS

PROFESSIONAL INDEMNITY

Proposal Form
for
Engineers

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, Principal or identified Officer of this firm.

The proposal form must be completed and signed and dated by a person who must be of legal capacity and authorised to request this insurance for the firm who acts as a 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 Directors/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 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:

Telephone No:

Fax No:

Contact Email Address:

Website:

If more than one office exists, is there a senior Partner/Director/Member at each office to oversee operations? Yes No

If 'No' please provide a CV of the person overseeing the office.

Please list on a separate sheet all branch offices including addresses for which you are seeking cover.

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

Name of all Partners/Directors Members	Age	Qualifications	Date Qualified	How long as Partner/Director/Member of Firm(s)

Name of all Consultants	Age	Qualifications	Date Qualified	How long as Consultant of 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. Please give a brief description of the Company/Firm's activities (e.g. Civil; Structural; Electrical and Mechanical etc)

7. Is cover required for any Partner, Director or Member in respect of his/her liability arising from any previous business? Yes No

If 'Yes' please advise

For which Partner/ Director/Member	Title of Previous Business	Date Partner left Business	Limit of Indemnity required if less than that of current Firm

8. State gross fees received for the following categories

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

Please state financial year end date:



State largest total fees from any one client or group for the following years

	Last Financial Year	Previous Financial Year	Estimate for Current Year
Fees	£	£	£

9. Is cover required for work sub-contracted? If 'Yes' please advise Yes No

Name	Qualifications	Fees Paid (Last Financial Year)	Does Sub-Consultant have their own cover?

10. 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

Does the Company, or any Associated Company already mentioned undertake any contract which involves any of the following:

- a) Manufacture, Construction Erection or Installation: Yes No
- b) Supply Materials, Plant Goods or Equipment: Yes No
- c) Provision of Software: Yes No

If 'Yes to a), b) or c) above please give full details:



Gross fees received in past financial year. (If practice is newly established, state estimated fees for the forthcoming year.

	United Kingdom	USA or Canada	Elsewhere
1. (a) Civil			
(b) Structural			
(c) Soil Analysis/Testing			
(d) Mechanical			
(e) Electrical			
(f) Heating & Ventilation			
(g) Process/Plant			
(h) Machinery/Equipment			
(i) Mining			
(j) Any other work			
2. Architectural			
Total Fees for entire Company/Firm	£	£	£

If you have stated fees under '(j)' please give details of the work undertaken

11. Does the Company/Firm engage in any of the following types of work? Yes No

If 'Yes' please insert approximate percentage of Gross Fees derived during the past 12 months

- (a) Bridges/Flyovers/tunnels/Dams/Mines
- (b) Harbours/Jetties/Sea Defences
- (c) Airports
- (d) Bulk Handling Equipment/Hoppers/Silos/Mechanical Plant
- (e) Chemicals/Petrochemicals/Oil Refineries
- (f) Nuclear/Atomic Projects
- (g) Sewerage/Water Schemes
- (h) Industrial Waste Treatment



12. Please state the percentage of gross fees in the last complete year derived from each of the following:

Industrial Systems Building	<input type="text"/>
Restoration Work	<input type="text"/>
Reinforced/Prestressed Concrete	<input type="text"/>
Soil Testing/Foundations/Piles/Underpinning	<input type="text"/>
Government Departments	<input type="text"/>
Local Authorities	<input type="text"/>

13. During the last **FIVE** financial years, **approximately** what percentage of fee income is derived from:

Aborted work where nothing “physical” resulted	<input type="text"/>
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14. State the 5 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				
4.	to				
5.	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



(a) Please provide a percentage split of your income by geographical area:

% Of Gross Fees

Domestic Contracts	<input type="text"/>
Overseas Contracts (excluding USA/Canada)	<input type="text"/>
USA/Canada (Subject to non USA/Canada Law)	<input type="text"/>
USA/Canada (Subject to USA/Canada Law)	<input type="text"/>

(b) If overseas work is carried out, please list the countries in which services are performed:

Please state how overseas work is/will be controlled and advise the jurisdiction under the contracts and value:

Please confirm the percentage split of your income by geographical area in the United Kingdom:

Area	%



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

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

If 'No' please provide full details:

Has the proposer undertaken any Rail related contracts in the last 6 Yes No
years?

If 'Yes' please provide full details:

Planning Supervision:

(a) Does the Company plan to offer planning supervisor services as Yes No
provided by the construction (Design and Management) Regulations?

(b) Please describe service that the Proposer intends to offer in this connection:



(c) Have these tasks been allotted to specific staff? Yes No

(d) What steps have been taken to ensure that any staff undertaking the role of a Planning Supervisor, are adequately experienced in relevant health and safety aspects?

(e) Have or will those staff who will undertake Planning Supervisors duties attend specific CDM courses? Yes No

If 'Yes' please give details if they are or will become certificated:

15. 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

16. 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

17. 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

18. Does the Company/Firm or any Company/Firm mentioned in Question 13 and/or 14 undertake any contract which involves:

- (i) Manufacture, Construction, erection or installation Yes/No* (ii) Supply of materials, plant goods or equipment? Yes/No*

**please delete as applicable*

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

19. 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 the 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.

- 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 provide full details:

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

If 'No' please provide full details:

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

f) Are procedures kept in place to ensure that the Proposer is able to provide adequate and properly qualified resource to fulfil all contractual and/or legal obligations? Yes No

g) Are all non-qualified and newly qualified staff kept under adequate supervision by a Principal, Director, Partner or senior professionally qualified employee? Yes No

h) Is there a clearly defined control mechanism in place to minimise the risk of loss of or damage to documents held by or on behalf of the Proposer? Yes No

i) Is there a clearly defined and documented checking or audit procedure in place to ensure that any procedures or mechanisms referred to in d-h are complied with at all times? Yes No

j) If the Company inserts a standard disclaimer in reports or letters, please attach a copy of such and describe circumstances in which such are used

Standard Disclaimers	Circumstances Used



Does the Company operate any internal Quality Assurance Systems Yes No

If 'Yes' please give full details

Does the Company operate/insist on compliance with any Continual Professional Development (CPD) Programme? Yes No

When sub-contractors or specialist consultants are engaged in connection with any commission, has the Company in the past ensured, and will the Company in the future endeavour to ensure, that such consultants are appointed directly by and paid by the client? Yes No

Does the company give advice on product suitability or installation techniques? Yes No

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

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

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

21. Have any claims in respect of liabilities to be covered by the proposed insurance (successful or otherwise) been made against the Company/Firm or its present and/or past Partners/Directors? Yes No

If 'Yes' give full details including amounts involved

Have all claims been notified to Insurers? Yes No

What measures have been taken to prevent a recurrence of the situation which gave rise to any claim?

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

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

23. In respect of Professional Indemnity Insurance, has any Insurer ever Yes No
 declined a Proposal, declined to pay a claim, refused renewal, cancelled such insurance or imposed special conditions?

If 'Yes' give details

24. Please give details of the Firm's current Professional Indemnity Insurance

Do not complete this question if you are already a client of Tyser 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	£	£	£

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

If 'Yes' please provide full details

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

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



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: _____



Confirmation

I declare that the above statements and particulars are true, full enquiry having been made and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that his declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

Disclosure of Material Facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective Insurers any material facts or information (including any material circumstances or change in circumstance) which might influence the judgment of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, seek our advice.

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

This form must be signed by a Principal of the Firm

Signature:

Date:

Print Name:

Position:

