

Griffiths & Armour Professional Risks

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GROUP OFFICES Liverpool London Manchester Glasgow Dublin Guernsey

Professional Indemnity Insurance Proposal Form Scheme for Members of the Association of Building Engineers New Enquiry

1. Name(s) of Practice(s)/Firm(s) for which cover is required

2. Principal Address _____

3. (a) Date of commencement of current Practice(s)/Firm(s) _____
(b) Date of commencement and cessation of former Practice(s)/Firm(s) _____
(c) Reason for cessation of former Practice(s)/Firm(s) _____

4. Details of Partners/Directors

Names	Period of time as Partner/Director	Qualifications	Date Qualified

5. State total number of staff (excluding Partners/Directors)

(a) Professionally qualified (b) Draughtsmen/Assistants (c) All others

6. Are you presently insured?

YES NO

Name of Insurer	Indemnity Limit	Excess	Premium	Renewal Date	How long continuously insured?

7. Indicate cover required

(a) Limit of indemnity (i) Any one claim and in total £ OR (ii) Each and every claim £
(b) Level of excess (a minimum excess will apply) £

8. (a) State gross fees received in past three financial years and estimate of fees for the forthcoming year

	Last Year	Previous Year	Year Before	Forthcoming Year
UK				
USA/Canada				
Elsewhere				
Total				

(b) When does your financial year end?

9. Gross fees received in the past financial year

		UK	Elsewhere
1	Where Practice's/Firm's own staff carry out the work		
	(a) Approved Inspector (please provide fee estimate, if appropriate)		
	(b) Architectural		
	(c) Landscape Architecture/Town Planning/Interior Design		
	(d) Feasibility Studies/Expert Witness/Arbitration		
	(e) Quantity Surveying		
	(f) Building Surveying		
	(g) Project Management*		
	(h) Project Co-ordination*		
	(i) Civil/Structural Engineering		
	(j) Process/Plant/Machinery/Equipment Engineering		
	(k) Services Engineering		
	(l) Soil Analysis/Testing		
	(m) Residential Surveys		
	(n) Residential Valuations		
	(o) Commercial Surveys		
	(p) Commercial Valuations		
	(q) Rent Reviews/Lease Renewals		
	(r) Any other work (i)		
	(Please give details) (ii)		
	(iii)		
2	Fees paid to independent consultants (please specify by discipline as 9.1 above)		
3	Total fees for entire Practice/Firm		
4	1 Has the Practice/Firm undertaken the following services over the past five years?		
	(a) Residential Surveys	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(b) Residential Valuations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(c) Commercial Surveys	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(d) Commercial Valuations	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(e) Rent Reviews/Lease Renewals	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	2 Do you anticipate carrying out these services for the forthcoming year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If 'YES' to any of the above, please answer Question 12		
	NOTES: Project Management is the term used where the Insured is responsible at the client's request for appointing other professional and/or non-professional firms. Project Co-ordination is the term used in similar circumstances, but where the Insured's client makes the appropriate appointments.		

10. State the three largest contracts where construction has commenced during the past three years

Starting date and approx completion date	Description of contract and location (hotel, factory, etc.)	Total contract value	Fee income	State professional services provided
1 _____ to _____				
2 _____ to _____				
3 _____ to _____				

11. Has the Practice/Firm undertaken any contract for

- (a) Manufacture, construction, erection or installation YES NO
- (b) The supply of materials, plant, goods or equipment YES NO

If 'YES' to either of the above, please provide details

12. If you have answered 'YES' to any part of Question 9.4, please answer the following. If no such work has been carried out over the past three years, please provide details for the forthcoming twelve months

1 Residential Structural Surveys, Reports and Valuations. Please supply number undertaken in the past year of:

(a) Structural surveys	<input type="text"/>	(d) Major structural defects reports	<input type="text"/>
(b) Partial reports/inspections (i.e. house buyers)	<input type="text"/>	(e) Other (please specify below)	<input type="text"/>
(c) Building society/lending institution reports	<input type="text"/>	<input type="text"/>	

2 Commercial Structural Surveys, Reports and Valuations. Specify amount of largest valuation in the last three years for:

(a) Single property: UK	£ <input type="text"/>	Elsewhere	£ <input type="text"/>
(b) Portfolio: UK	£ <input type="text"/>	Elsewhere	£ <input type="text"/>

3 (a) Please state the approximate geographical spread (expressed as a percentage of the total number carried out) of your Structural Surveys, Reports and Valuations in the last three years.

London/South East England	<input type="text"/>	Midlands	<input type="text"/>
South West England	<input type="text"/>	Scotland	<input type="text"/>
North East England	<input type="text"/>	Wales	<input type="text"/>
North West England	<input type="text"/>	N. Ireland	<input type="text"/>
East Anglia	<input type="text"/>	Elsewhere (please specify)	<input type="text"/>

(b) If the Practice carries out Surveys, Reports and Valuations in a geographical location in which it has no previous practical experience or accepts Surveys, Reports and Valuations which fall outside its normal scope, what steps are taken to ensure that the Surveys, Reports and Valuations accurately reflect the 'local' market conditions/values applicable to the type of property involved?

4 In connection with any Surveys, Reports and Valuations, please advise details of the following:

(a) Internal quality assurance standards in force and checks undertaken to ensure compliance of such standards	<input type="text"/>				
(b) Systems for cross referring valuations of similar/identical properties	<input type="text"/>				
(c) Minimum number of comparables obtained when a valuation is undertaken	<input type="text"/>				
(d) Is it your practice to always re-inspect for re-valuations or assignments of existing surveys?	<table border="1" style="display: inline-table;"> <tr> <td>YES</td> <td><input type="text"/></td> <td>NO</td> <td><input type="text"/></td> </tr> </table>	YES	<input type="text"/>	NO	<input type="text"/>
YES	<input type="text"/>	NO	<input type="text"/>		
If 'NO', what is the maximum period for which you deem a Survey, Report or Valuation to be current before re-inspection is required?	<input type="text"/>				

5 Rent Reviews/Lease Renewals over the last three years

(a) Largest rent review undertaken	£ <input type="text"/>	Average rent review undertaken	£ <input type="text"/>				
(b) Is there a working diary system in force?	<table border="1" style="display: inline-table;"> <tr> <td>YES</td> <td><input type="text"/></td> <td>NO</td> <td><input type="text"/></td> </tr> </table>			YES	<input type="text"/>	NO	<input type="text"/>
YES	<input type="text"/>	NO	<input type="text"/>				
(c) How often is the system checked?	<input type="text"/>						

13. (a) Does the Practice/Firm or any Partner/Director act on behalf of or undertake work for any Firm, Company or Organisation in which the Practice/Firm, or any Partner/Director has a financial interest?

YES		NO	
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- (b) Does the Practice/Firm or any Partner/Director have any association with or financial interest in any other Practice, Company or Organisation (other than as shareholders/stockholders in a public quoted company)?

YES		NO	
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- (c) Is the Practice/Firm or any Partner/Director a member of a Consortium or Group Practice or engaged with any other Practice/Firm or Person in a Single Project Partnership?

YES		NO	
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If 'YES' to any of the above, please provide details

14. (a) Has the Practice/Firm sustained any loss through the fraud or dishonesty of any person during the past six years?

YES		NO	
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If 'YES', give details

- (b) Do all cheques drawn for more than £25,000 require two signatures?

YES		NO	
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- (c) Please confirm that your Annual Accounts have been prepared and/or certified by an independent Accountant or Auditor

YES		NO	
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15. Please give any other information which you consider relevant to this Proposal

16. In respect of the Practice/Firm, present and past Partners/Directors, and the liabilities to be covered by the proposed insurance, please answer the following:-

- (a) Have any claims (successful or otherwise) been made against you?

YES		NO	
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- (b) Are you aware of any circumstances which could give rise to a claim against you?

YES		NO	
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- (c) Has any application for this type of insurance ever been declined, or has a PI insurer ever cancelled your policy or subjected it to increased premiums or special conditions?

YES		NO	
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If the answer to any of the above is 'YES', then please provide details:-

DECLARATION

VERY IMPORTANT

This Proposal shall be deemed to have been completed by all Proposers and is signed by me/us for and on behalf of all Proposers.

I/We have read over all the statements and particulars given in this Proposal (INCLUDING ANY ANSWERS WRITTEN FOR ME/US BY ANY OTHER PERSON) and I/we declare that to the best of my/our knowledge and belief they are correct and that no material fact has been omitted, misrepresented or mis-stated, and I/we am/are not aware of any other circumstances likely to affect the risk.

I/We agree that in the event of the risk being accepted the statements and particulars contained in the proposal and the terms and conditions of the policy to be issued shall be the basis of the contract and I/we undertake to pay the premium when called upon to do so.

I/We understand and accept any prospective Insurer may contact my/our previous/present Insurers for further information.

Signature
(Partner or Director)

Date