

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

	20	20	20	Forthcoming Year
Ireland	€	€	€	€
USA or Canada				
Elsewhere				
Total				

(b) When does your financial year end?

10. Gross fees received in the past financial year:

	Ireland	USA or Canada	Elsewhere
1 Where Practice's own staff carry out the work			
(a) Civil			
(b) Structural			
(c) Soil Analysis/Testing			
(d) Mechanical, Electrical, Heating and Ventilation			
(e) Process/Plant			
(f) Machinery/Equipment			
(g) Mining			
(h) Project Management*			
(i) Architectural			
(j) Any other work			
2 Fees paid to independent Consultants (please specify by discipline as 10.1 above)			
3 Total fees for entire Practice			

* Project Management is the term used where you are responsible at the client's request for appointing other professional and/or non-professional firms.

11. Does the Practice engage in any of the following types of work?

YES		NO	
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If 'YES', please insert approximate percentage of gross fees derived from such work during the last twelve months:

(a) Offshore Structures _____ %	(e) Airports _____ %
(b) Chemical/Petrol/Oil Refineries _____ %	(f) Nuclear Projects _____ %
(c) Bridges/Flyovers/Tunnels/Dams/Mines _____ %	(g) Industrial Waste Treatment _____ %
(d) Harbours/Jetties/Sea Defences _____ %	

12. (a) State the three largest contracts where construction has commenced during the past five 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 _____				

(b) Proportion of work where the Practice both designs and undertakes limited or full supervision:

 %

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

YES		NO	
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If 'YES', please give details:

14. Does the Practice 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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If 'YES', please give details of the nature of the association, together with the name and business of the Third Party:

15. Is the Practice or any Partner/Director a member of a Consortium or Group Practice or engaged with any other Practice or Person in a Single Project Partnership?

YES		NO	
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If 'YES', please give the names of other members/partners and their involvement in the Consortium/Group Practice:

NB: Special arrangements must be made with Insurers if cover is required for work done whilst a member of Consortium/Group Practice. In such cases, a copy of the Agreement will be required.

16. Have any claims for professional negligence, error or omission (successful or otherwise) been made against the Practice or its present and/or past Partners/Directors?

YES		NO	
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If 'YES', please give full details, including the amounts involved:

17. Are any of the Partners/Directors aware of any CIRCUMSTANCES which may give rise to a claim against this Practice or their predecessors in business or any of the present or former Partners/Directors?

YES		NO	
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If 'YES', please give details:

18. Are you presently insured? If 'YES', please complete the following:

YES		NO	
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(a) Current Insurers: _____	(d) Limit of Indemnity € _____				
(b) Renewal Date: _____	and is this "each and every claim"? <table border="1"><tr><td>YES</td><td></td><td>NO</td><td></td></tr></table>	YES		NO	
YES		NO			
(c) Present Premium: € _____	(e) Excess € _____				

19. Has any application for this type of insurance made by you or your predecessors in business ever:

(a) been declined?

YES		NO	
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(b) been subject to increased premium?

YES		NO	
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(c) been subject to special conditions?

YES		NO	
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(d) been terminated by an Insurer?

YES		NO	
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If the answer to any of the above is 'YES', please explain why:

20. Limit and type of indemnity you require a quotation for:

(a) Limit of Indemnity (i) €

(ii) €

(b) (i) Any one claim and in total in the Insurance Year (i.e. "Aggregate" cover)

or

please tick appropriate box

(ii) Each and every claim and unlimited in the Insurance Year (i.e. "Each and every claim" cover)

21. How much of each claim would you be prepared to accept? (a minimum excess will be applied)

€

22. Give any other information which you consider relevant to this proposal:

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 statement 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.

Signature
(Partner or Director)

Date

NB: Please note that any insurance contract arising from the above is strictly between the Scheme Insurers and the Insured.