

Griffiths & Armour Professional Risks

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GROUP OFFICES Liverpool London Manchester Glasgow Dublin Guernsey

ARCHITECTS PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM

- 1. Important** - All questions must be answered
Full title of Practice/Firm and subsidiary Practice(s)/Firm(s) and former Practice(s)/Firm(s) for whom cover is required

- 2.** (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) _____

- 3.** Profession/Business Description _____
(Please attach brochure(s), if available)

- 4.** (a) Principal Address _____
- _____
- (b) All other Addresses (by Town only) _____

- 5.** Details of Partners/Directors*

Names	Period of time as Partner/Director	Qualifications	Date Qualified

* If you are a sole practitioner and unqualified, please provide a curriculum vitae outlining all relevant experience

- 6.** Is cover required for any Partner or Director in respect of his/her liability arising from any previous Business? YES NO

If 'YES', please advise

For which Partners	Title of previous Business	Date Partner left Business	Limit of Indemnity required if less than that stated in Q.18

(You may also be required to complete a supplementary questionnaire in respect of this extension)

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

(a) Professionally qualified	<input style="width: 90%;" type="text"/>	(c) All others	<input style="width: 90%;" type="text"/>
(b) Draughtsmen/Assistants	<input style="width: 90%;" type="text"/>		

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

Financial Year						Forthcoming Year
UK						
Ireland						
USA or Canada						
Elsewhere						
Total						

(b) When does your financial year end?

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

	UK	USA or Canada	Elsewhere excluding USA or Canada
(a) Architectural Work			
(b) Town Planning			
(c) Feasibility Studies			
(d) Landscape/Garden Architecture			
(e) Quantity Surveying			
(f) Residential Structural Surveys/ Inspection Reports Valuations			
(g) Commercial Structural Surveys/ Inspection Reports Valuations			
(h) Interior Design (Structural)			
(i) Interior Design (Non Structural)			
(j) Project Co-ordination (See Note 1)			
(k) Project Management (See Note 1)			
(l) Building Surveying			
(m) Planning Supervisory Work (See Note 2)			
(n) Expert Witness Work			
(o) Other Work - specify details (specify profession)			
(p) Fees paid to independent consultants			
Total fees for entire Company/Firm			
If fees declared under 9(o), please give full details of the work undertaken	<input style="width: 100%; height: 20px;" type="text"/>		

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

(i) Residential Structural Surveys	<input style="width: 90%;" type="text"/>	(iv) Building Society/Lending Institution Reports	<input style="width: 90%;" type="text"/>
(ii) Commercial Structural Surveys	<input style="width: 90%;" type="text"/>	(v) Major Structural Defects Reports	<input style="width: 90%;" type="text"/>
(iii) Partial Reports/Inspections	<input style="width: 90%;" type="text"/>	(vi) Other (Please specify below)	<input style="width: 90%;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>			

(b) Structural Surveys Reports and Valuations - specify amount of largest valuation in the last three years for:

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

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

(i)	Hotels and Leisure Centres	<input type="text"/>	(v)	Housing Associations	<input type="text"/>
(ii)	Hospitals (provide details)	<input type="text"/>	(vi)	Clean Air Environments	<input type="text"/>
(iii)	Retail/Supermarkets	<input type="text"/>	(vii)	Other (if over 10%, please specify)	<input type="text"/>
(iv)	Multiple Housing	<input type="text"/>	<input type="text"/>		

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	Total 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	<input type="text"/>	NO	<input type="text"/>
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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	<input type="text"/>	NO	<input type="text"/>
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If 'YES', please give details of the nature of the association, together with the name and business of any other Practice, Company or Organisation

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	<input type="text"/>	NO	<input type="text"/>
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If 'YES', please give the names of other members/partners and their involvement in the Consortium/Group Practice

N.B. Special arrangements must be made with Insurers if cover is required for work done whilst a member of a 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. Present insurance arrangements:

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

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

(a) been declined or been subject to increased premium?

YES		NO	
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(b) been subject to special conditions or 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. Indicate limit and type of indemnity required.

Limit of Indemnity

option (a)

(a) Any one claim and in total in the Period of Insurance

option (b)

or

please tick appropriate box

option (c)

(b) Each and every claim and unlimited in the Period of Insurance

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 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 Date

(Partner or Director)

Notes

1 Project Management/Project Co-ordination

Project Management is the term used where the Insured is responsible for appointing other professional and/or non-professional firms necessary to the contract. Project Co-ordination is the term used in similar cases, but where other Insured's principal makes the appointment, whether on the Insured's recommendation or not.

2 Planning Supervisory Work

Planning Supervisory Work is the term used where the Insured co-ordinates the health and safety aspects of the project design and planning and is responsible for applying the principals of prevention and protection under the Construction (Design and Management) Regulations (1994)

If you declare fees under this category, please attach details of your experience and any training courses attended.