

Griffiths & Armour Professional Risks

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GROUP OFFICES Liverpool London Manchester Glasgow Dublin Guernsey

**CONSULTING ENGINEERS
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/Firm: _____
- (b) Date of commencement and cessation of former Practice(s)/Firm(s): _____
- (c) Reason for cessation of former Practice(s)/Firm(s):

3. Profession: _____
(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 |
|-------|------------------------------------|----------------|----------------|
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* 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 | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

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.19 |
|--------------------|----------------------------|----------------------------|--|
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(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: 80%;" type="text"/> | (c) | All others | <input style="width: 80%;" type="text"/> |
| (b) | Draughtsmen/Assistants | <input style="width: 80%;" 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 | | | | | | |
| USA or Canada | | | | | | |
| Elsewhere | | | | | | |
| Total | | | | | | |

(b) When does your financial year end?

9. Gross fees received in the past financial year:

| 1 Where Practice's own staff carry out the work | UK | USA or Canada | Elsewhere |
|---|----|---------------|-----------|
| (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 9.1 above) | | | |
| 3 Total fees for entire Practice | | | |

* 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.

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

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

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 _____ % | |

11. (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: %

12. 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 | |
|-----|--|----|--|

If 'YES', please give details:

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13. 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 | |
|-----|--|----|--|

If 'YES', please give details of the nature of the association, together with the name and business of any other Practice, Company or Organisation:

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14. 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 | |
|-----|--|----|--|

If 'YES', please give the names of other members/partners and their involvement in the Consortium/Group Practice:

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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.

15. 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 | |
|-----|--|----|--|

If 'YES', please give full details, including the amounts involved:

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16. 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 | |
|-----|--|----|--|

If 'YES', please give details:

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17. Are you presently insured?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

| Name of Insurer | Indemnity limit | Excess | Renewal date | How long continuously insured? |
|-----------------|-----------------|--------|--------------|--------------------------------|
| | | | | |

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

(a) been declined?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(b) been subject to increased premium?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(c) been subject to special conditions?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

(d) been terminated by an Insurer?

| | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

If the answer to any of the above is 'YES', please explain why:

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19. Indicate limit and type of indemnity required:

Limit of Indemnity

| |
|---|
| £ |
|---|

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

or

please tick appropriate box

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

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

| |
|---|
| £ |
|---|

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

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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)