

ARCHITECTS PROFESSIONAL INDEMNITY PROPOSAL FORM

1. (a) Practice:  
(b) any other entities to be covered:

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2. (a) Practice Address:

- (b) Website: www.

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3. Date established:

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4. Is the Practice associated with any other entity(ies) Yes/No

If Yes:

- (a) please name such other entity(ies)

- (b) please describe the nature of the relationship

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5. During the last five years has:

- (a) the name of the Practice or its business activities changed? Yes/No

- (b) any acquisition or merger taken place? Yes/No

If Yes to (a) or (b) above, please provide details:

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6. Details of Partners/Directors:

Full Name	Age	Qualifications	Date Qualified	Years in this position

NB: Please attach Curriculum Vitae unless position or qualification has been held for more than 5 years

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7. (a) Details of all other staff.

Qualified Staff (other than Partners/Directors)	Others non-fee earning staff	Total

(b) Details of Consultants to be insured:

Full Name	Age	Qualifications	Date Qualified	Years Practising as a Consultant

(c) Does the Practice use sub-contractors(s) other than those already disclosed in Question 7(b)? Yes/No

If Yes, please provide details:

Name	Qualifications	Fees Paid (annual)	Nature of work	Does the sub-contractor currently have Professional Indemnity Cover in force?	Length of relationship With the Practice

(d) What proportion of fee income is paid to sub-contractor(s)? \_\_\_\_\_%

(e) Is a standard form of contract always used for this work?  
Please provide copies Yes/No

8. Please provide the following information:

(a) the date of the Practice(s) financial year end \_\_\_\_/\_\_\_\_/\_\_\_\_

(b) the gross fees for the last two financial years and anticipated fees for the forthcoming year.

	20____	20____	20____
Gross Fees	£	£	£
Fee Breakdown	%	%	%
London UK			
Rest of UK			
Europe			
USA/Canada*			
Rest of the World			

\*This should represent direct billings to a USA/Canadian client.

(c) What % of your total fee income is derived from work undertaken outside the USA/Canada for clients resident or domiciled in the USA/Canada \_\_\_\_\_%

(d) Average fee income per client: £\_\_\_\_\_

(e) Does any one client generate more than 20% of the total fee income/revenue declared above? Yes/No

If Yes, please provide details:

Name of client	Nature of Business	Fee Income

9. For the last completed financial year please provide the gross fee division for the following activities.

This should be as accurate as possible. For newly established Practices please provide an estimate.

Business Activity	Fee split %
(a) Architecture - Residential	%
(b) Architecture - Commercial	%
(c) Aborted Work	%
(d) Building Surveys - Non-Structural	%
(e) Building Surveys - Structural Is to include architectural work but only where load bearing surfaces are not affected and the contract value does not exceed £50,000	%
(f) Land Surveys	%
(g) Feasibility Studies	%
(h) Planning Supervision	%
(i) Project Management This refers to where the Practice is responsible for appointing other firms necessary to the contract	%
(j) Project Co-Ordination This refers to where the Practice's employer is responsible for appointing other firms necessary to the contract, whether on the Practice's recommendation or not.	%
(k) Restoration - Non-Structural	%
(l) Town Planning / Landscape Design	%
(m) Interior Design	%
(n) Quantity Surveying	%
(u) Any other work * (a)	%
Total: ensure all work has been accounted for	%

- (a) Please provide details in respect of any work declared under 'other';
- (b) For any activities which you have answered nil, please provide details if you have undertaken such work in the last 10 years;
- (c) Please provide full details of any significant changes to the current work split anticipated over the forthcoming 12 months;

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10. Please confirm the percentages for each industry sector as a percentage of the total fees stated for the last completed financial year:

Industry Sector	Percentage of last years fees
Housing	
Retail / Shops	
Offices / Commercial	
Factory / Industrial	
Pubs / Restaurants / Hotels	
Leisure - Sports, Amusement Parks etc	
Swimming Pools	
Schools	
Hospitals	
Municipal / Local Authority	
Garages	
Nuclear / Atomic	
Chemical / Petro-Chemical Refineries	
Offshore Oil / Gas	
Churches / Cathedrals	
Other (specify)	

\*This should total 100 % of work declared in Question 9.

11. Please provide details of the 5 largest contracts undertaken in the last five years along with the nature of these projects;

Starting Date	Approx. Completion Date	Type of Project	Total Contract Value	Total Fee Income Retained	State Professional Services Provided *

\* DO = Design Only, DS = Design and Supervision, DSPM = Design Supervision and Project Management; DSPC = Design, Supervision and Project Co-Ordination, Ref = Refurbishment (non-structural work only)

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12. Please provide details of the 3 largest forthcoming contracts, along with the nature of these projects;

Starting Date	Approx. Completion Date	Type of Project	Total Contract Value	Total Fee Income Retained	State Professional Services Provided *

\* DO = Design Only, DS = Design and Supervision, DSPM = Design Supervision and Project Management; DSPC = Design, Supervision and Project Co-Ordination, Ref = Refurbishment (non-structural work only)

13. Have any High-Rise Projects (i.e. exceeding 3 storeys) been completed in the past, underway currently or anticipated in the future? Yes/No

Please provide details:

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14. If the Practice has undertaken any Project Management and/or Project Co-ordination work (Question 9 (i) and (j) of the proposal form), please provide details of the Practice's five largest projects undertaken:

Starting Date	Approx. Completion Date	State Professional Services Provided (i.e. Project Management or Project Co-ordination)	Type of Project	Total Contract Value	Total Fees Income Retained	Total Fees Paid to Consultants Under Appointment by the Practice
				£	£	£
				£	£	£
				£	£	£
				£	£	£
				£	£	£

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15. (a) Does the Practice conform to a professional code of practice? Yes/No  
If Yes, please provide details

- (b) What vetting procedures are undertaken when engaging new or existing clients?

(c) What measures are taken to ensure detailed records (i.e. the original contract, subsequent amendments, verbal agreements, faxes, telephone conversations and the like) are kept of all transactions;

(d) How does the Practice ensure that deadlines and key dates are met?

(e) What measures are undertaken prior to entering into a contract to ensure that contractual specifications can be met?

(f) Are standard forms of contract always entered into Yes/No  
If No, please provide details of how the Practice minimizes its exposure

(g) Where there is more than one office, are all offices run by at least one partner? Yes/No  
If No, please full provide details

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16. (a) Does the Practice have a website? Yes/No  
If Yes,

(i) Is business transacted or advice offered over the internet? Yes/No

(ii) Does the website have any bulletin boards, chat rooms or discussion sites sites for third parties? Yes/No

If Yes to (i) or (ii) please provide details:

(b) Are the contents of the website frequently checked? Yes/No

(c) Are disclaimers of liability always used on the website? Yes/No  
If No to (d) or (e) please provide details

(d) What regular back-up, encryption systems, virus protection software and other security measures are used by the Practice to maintain security of the website?

e) What legal advice has been taken when setting up and maintaining the website?

(f) What procedures are in place to minimize potential litigation for libel or infringement of intellectual property rights?

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17. Does the Practice always obtain satisfactory written references when engaging the following employees?

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|----------------------|--------|
| (i) Full-time staff  | Yes/No |
| (ii) Part-time Staff | Yes/No |
| (iii) Consultants    | Yes/No |

18. Please note that any claim or action arising from facts or circumstances known to any Practice is excluded from this proposed coverage.

- (a) Has the Practice it's predecessors or any proposed insured ever sustained any loss due to fraud or dishonesty of any person? Yes/No
- (b) Has the Practice or any proposed insured have any reason to suspect any current or former partner, director or employee of fraud or dishonesty? Yes/No
- (c) Has the Practice or any proposed insured any reason to suspect any person of fraud or dishonesty relating to the Practice, as predecessors or any proposed insured? Yes/No

If Yes, please provide full details:

19. (a) Is the Practice or any other proposed insured aware of any claim (whether insured or not) ever having been made against the Practice, its predecessors or any other party to be insured under this proposed coverage? Yes/No
- (b) Is the Practice or any other proposed insured aware of any facts or circumstances that may give rise to a claim against the Practice, its predecessors or any other party to be insured under the proposed coverage? Yes/No

If Yes to (a) or (b) it is important to provide as much information as possible in the Claims Information Sheet attached to the back of this proposal form.

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20. (a) Does the Practice currently have any professional indemnity insurance in force? If Yes, please provide details of the following:

Insurer	_____
Limit of Indemnity	_____
Premium	_____
Insured's Contribution	_____

- (b) Has any insurer ever declined, cancelled or non-renewed any prior policy or application for professional indemnity or similar insurance of the Practice, its predecessors or any proposed insured? Yes/No

If Yes, please provide full details:

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21. (a) Limit of Liability required under this insurance:

£100,000  £250,000  £500,000  £1,000,000  Other (please specify):

- (b) Amount the Practice wishes to contribute towards each & every claim:

£1,000  £2,500  £5,000  £10,000  Other (please specify):

22. Is the Practice aware of any fact, not disclosed above, which are material to this proposal? Yes/No  
If yes, please provide full details

### Declaration & Signature

The undersigned declares and agrees, on behalf of the Practice and all proposed insureds, that to the best of their knowledge and belief the statements set forth herein are true and that, if the Company agrees to insure, this proposal, together with any other information supplied, shall be the basis of the contract and shall be attached to and form part of the policy.

It is hereby agreed that the Company is authorised to make any investigation and inquiry in connection with this proposal that it deems necessary.

Signed \_\_\_\_\_  
(To be signed by the Practice or the person authorised by the Practice)

Name \_\_\_\_\_

Title \_\_\_\_\_

Practice \_\_\_\_\_

Date \_\_\_\_\_

The signing of this proposal does not bind the Practice or the Company to enter into this insurance.

Upon request, the Company will send a copy of its complaints procedure.

The Practice and the Company are entitled to choose the law that will govern this Policy. The Company proposes English Law and this will apply unless otherwise agreed.

CLAIMS INFORMATION SHEET

Date of Claim	Details of Claim	Quantum	Status		Actions to prevent recurrence
			Open	Closed	

### Data Protection

All personal information about you will be treated as private and confidential, except where the disclosure is made at your request or with your consent in relation to administering your insurance, and except where law requires us. The FSA may ask us to provide it with access to our customer records in order that it may carry out a review of our activities.

Some or all of the information you supply to us in connection with your insurance proposal may be passed to other insurance companies for underwriting and claims purposes. Under the Data Protection Act 1998 you have a right of access to see personal information about you that is held in our records, whether electronically or manually. If you have any queries, please write to the Managing Director.