

**PEMBROKE SYNDICATE 4000
DESIGN AND CONSTRUCT ERRORS & OMISSIONS
INSURANCE APPLICATION**

THIS APPLICATION IS FOR A CLAIMS MADE POLICY

ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS NOT APPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET OF YOUR LETTERHEAD INDICATING THE NUMBER OF THE QUESTION.

Question 1 Company/Practice Name (please include all names under which you practice and include any Predecessor Practice(s) for which cover is required)

Question 2 Date of Commencement of Current Company/Practice

Question 3 Address(es) of Company/Practice (list addresses of branch offices on a separate sheet)

Postcode

Practice Website Address:

Question 4 Design and Consulting Department Staff Details (Please attach Curricula Vitae if firm is a start-up)

Name of all Principals / Senior Staff Members	Age	Qualifications	Date Qualified	Positions Held

Question 5 Total Numbers of Staff

	UK Based	Overseas Based
Principals		
Qualified Staff		
Others		

Question 6 Nature of Work Undertaken

6a) Please give an approximate percentage split of the disciplines within your Design and Consulting Department.

Architectural	%	Mechanical Engineering	%
Chemical Engineering	%	Nuclear Engineering	%
Civil Engineering	%	Planning Supervisor	%
Cladding/Roofing	%	Surveying - Buildings	%
Electrical Engineering	%	Surveying - Land	%
Environmental Engineering	%	Surveying - Quantity	%
Foundation/Soil Engineering/Piling	%	Structural Engineering	%
Health & Safety Planning	%	Others (Please provide details)	%
Heating and Ventilation Engineering	%		%

6b) Please provide the approximate percentage by value of the total work undertaken for the last financial year (or estimate if the firm has been operational for less than 12 months). If NONE, Please state NONE.

	Design Only %	Design & Construct %
Individual Dwellings		
Low Rise Multiple Dwellings		
High Rise Multiple Dwellings		
Modular Structures		
Hospitals & Schools		
Hotels		
Recreation Centres		
Other Municipal Buildings		
Highways		
Bridges & Tunnels		
Railways, Airports		
Harbours, Jetties and Dams		
Sewage/Water Schemes		
Land Reclamation/Remediation		
Power Plants		
Refineries/Chemicals/Petrochemicals		
Manufacturing Plants		

Industrial Facilities		
Commercial & Retail		
Offices		
TOTAL	100%	100%

6c) Do you engage in the manufacture or fabrication of any pre-engineered unit? Yes No

If "Yes" please provide full details.

6d) Please give a general description of the type of work normally carried out by the firm.

6e) Have you ever failed to complete a project? Yes No

If "Yes" please describe the nature of the project and the reasons for its failure

Question 7 Breakdown of Turnover and Fees

7a) Please state the total turnover for the firm for the last two **complete** financial years and provide an estimate for the **current** financial year end, being / /

 / / / / / / (Estimated)
UK Based Contracts			
Overseas Based Contracts			

Please list the countries where work was performed in the last complete financial year and the percentage turnover.

7b) Please give details of the breakdown of **TURNOVER** for the last complete financial year. (i.e not including fees which are for design only fee work - see Question 7c). Note: The Turnover declared should total the turnover declared for the last financial year in Question 7a).

Work Category	UK Based Contracts	Overseas based Contracts
a) Where you design and construct from your own design and provide full technical supervision		
b) Where you construct and provide full technical supervision from designs by sub-contractors appointed by you		
c) Where you have work e.g. construction only or other activity for which there is no professional service provided		
d) Other turnover not mentioned above. Please detail below:		

7c) Please give the breakdown of **FEES** for the last complete financial year as follows:

Work Category	UK Based Contracts	Overseas based Contracts
a) Where you provide only design services and technical supervision		
b) Where you provide only technical supervision (i.e. Construction/project management)		
c) Any other professional fees (Please state the work types below) eg. Planning Supervisor.		

Question 8 Contracts

8a) Please give details of the five largest contracts where CONSTRUCTION COMMENCED in the last 5 years

Start/Completion Dates	Contract/Project Type	Total Contract Value	Firm's Contract Value	Detail Professional Services Provided

8b) Please give details of the three largest contracts where CONSTRUCTION is likely to COMMENCE in the next 3 years

Start/Completion Dates	Contract/Project Type	Total Contract Value	Firm's Contract Value	Detail Professional Services Provided

8c) does any contract or client represent more than 50% of your annual work? Yes No

8d) do you accept contracts novated from other parties? Yes No

If yes, please confirm whether such contracts are audited by you and all rights of recourse are maintained against the original professionals. Yes No

8e) Do you sign contracts which require you to accept fitness for purpose obligations? Yes No

If so, do these contracts contain a provision that the design will only be in accordance with practice conventionally accepted as appropriate at the time of the works having regard to the size, scope and complexity of the project? Yes No

8f) If you sign contracts on a JCT form do they contain a limitation to your liability? Yes No

Question 9 Subcontractors

9a) Does your firm subcontract professional services? Yes No

If "Yes", indicate the percentage professional billings subcontracted and the types of professional services subcontracted

9b) Are written contracts used for all subcontractors and sub-consultants? Yes No

9c) Do your firm's contracts with subcontractors and sub-consultants contain indemnification and hold harmless provisions? Yes No

9d) Does your firm obtain certificates of insurance from all Subcontractors and sub-consultants? Yes No

9e) Is your firm named as an additional Insured under all subcontractor and sub-consultant General Liability policies? Yes No

Question 10 Financial and Related Interests

10a) Is your Firm controlled, owned or associated with any other firm, corporation or company, or does your Firm own or control any other entity? Yes No
 If "Yes" please provide details on a separate sheet

10b) Does your Firm render services on behalf of any entity in which any principal, partner, officer or director of your Firm, or an immediate family member of such person is a principal, partner, officer or director? Yes No

If "Yes" please provide full details:

10c) Does your Firm or any principal, partner, officer, director or shareholder of your Firm or an immediate family member of any such person have an ownership interest in any project where professional services are being rendered by your firm? Yes No

10d) Does your firm seek coverage for these projects? Yes No

10e) Has the name of your Firm changed or has any other firm been merged or amalgamated with or into your firm, or is any such change pending? Yes No

If "Yes" please provide details by separate attachment

10f) Does your Firm obtain insurance certificates of professional liability from joint venture partners? Yes No

If "No" Please explain why below:

Question 11 Risk Management and Loss Prevention

- 11a) Does your firm follow written in-house quality control procedures? Yes No
- 11b) Does your Firm always obtain references before taking on staff? Yes No
- 11c) Does your Firm Use an automated master specification system? Yes No
- 11d) Does your Firm use a computer assisted drafting program? Yes No
- If "Yes" what percentage of design is done using the CAD Program? %
- 11e) Does your Firm have an in-house program of continuing education for professional employees? Yes No
- 11f) Does your Firm use written contracts on every project? Yes No
- If "No" provide the percentage of the projects where oral agreements were used %
- 11g) Does your firm always use a limitation of liability clause in contracts with clients? Yes No
- 11h) Specify the approximate percentage of your Firm's professional services rendered under standard forms of contract e.g. NEC Engineering and Construction Contract %
- 11i) If non-standard contracts are used, modified standard contracts or "letter" agreements are used, are they reviewed by the Firm's legal counsel for liability implications prior to signing? Yes No
- 11j) Does your Firm have procedures for monitoring or collecting outstanding fees? Yes No
- 11k) Does your Firm have a pre-screening methodology for potential clients? Yes No
- 11l) Does your Firm always negotiate into its contracts a provision for alternative dispute resolution such as mediation? Yes No

Question 12 Loss History

12a) Has any claim been made or legal action been brought in the past ten years (or made earlier and still pending) against your Firm, its predecessors, or any past or current principal, partner, officer or director of your Firm? Yes No

If 'Yes' in either case, give full details or attach a separate note if preferred.

Date of Claim	Brief Details	Amount of Claims Paid	Reserves Outstanding

What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

12b) Is your Firm (after full and proper inquiry of every principal, director or employee) aware of any circumstances, incidents, situations or accidents during the past ten years which may result in claims being made against your Firm, its predecessors in business, or any of the present or past principals, partners, officers or directors? Yes No

If "Yes" please provide details on a separate sheet

12c) Is your Firm aware of any deficiencies or alleged deficiencies in work where your Firm, predecessor or any other insured performed professional services, or of any deficiencies or alleged deficiencies in work by others for whom your Firm is legally responsible during the last seven years? Yes No

If "Yes" please provide details on a separate sheet

12d) Does the Applicant or any other party proposed for insurance have knowledge of injury to people or damage to property during the past seven years on or at projects where the Applicant has rendered professional services? Yes No

If "Yes" please provide details on a separate sheet

12e) Has any disciplinary action been taken against the Applicant or any of the Applicant's employees? Yes No

If "Yes", please explain

Question 13 Professional Indemnity Insurance

13a) Is the Firm currently insured for professional indemnity?

Yes No

If "Yes" please provide details as follows:

Insurer	Limits	Deductible	Premium	Date

Retroactive Date of current policy

13b) Please advise your requirements for a quotation for Professional Indemnity Insurance

	Option 1.	Option 2.	Option 3.
Limit of Indemnity	£	£	£
Excess	£	£	£

Confirmation

I warrant that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided shall be the basis of any contract between me and the Insurer.

Disclosure of Material Facts

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, reveals to the prospective insurers any material facts or information (including any material circumstances or change in circumstances) which might influence the judgement of Insurers in fixing the premium or in determining whether they will accept the risk. Failure to do so may render the contract of insurance voidable from inception at the option of the Insurers and enable them to repudiate liability there under. If you have any doubt as to what constitutes a material fact or circumstance, seek professional advice.

A copy of this proposal form should be retained by you for your own records.

This form must be signed by a principal of the firm

Signed _____

Date ____/____/____

Print Name _____

Position _____