

**PEMBROKE SYNDICATE 4000
ENGINEERS ERRORS AND 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 Practice Name (please include all names under which you practice and include any Predecessor Practice(s) for which cover is required)

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Question 2 Date of Commencement of Current Practice

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

	Postcode	

Practice Website Address:

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Question 4 Details of Partners/Directors and Principals (Please attach Curricula Vitae if firm is a start-up)

Name of all Partners/Directors & Principals	Age	Qualifications	Date Qualified	How long as Partner/Director of the Firm(s)

Question 5 Total Numbers of Staff

- A. Partners/Directors/Principles _____
 B. Qualified Staff _____
 C. Others _____

Question 6 What is the nature of the services that you provide?

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Question 7 Are there any areas of particular speciality?

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Question 8 Total Gross Billings for professional services (whether collected or not) to include reimbursable expenses and sub-consulting fees

		Last Year	Previous Year	Current Year (estimated)
a.	Gross Fees	£	£	£
b.	Fees emanating from projects separately insured	£	£	£
c.	Projects permanently aborted	£	£	£
d.	Fees emanating from services performed in the USA or for USA projects	£	£	£
e.	Fees emanating from services performed overseas or for overseas projects	£	£	£
TOTAL		£	£	£

Question 9 Please give details of the five largest contracts where CONSTRUCTION COMMENCED in the last 5 years

Start/Completion Dates	Client	Location	Project Type	Estimated Contract Value	Gross Fee

Question 10 Please give details of the three largest contracts where CONSTRUCTION IS EXPECTED to commence in the next three years.

Start/Completion Dates	Client	Location	Project Type	Estimated Contract Value	Gross Fee

Question 11 NATURE OF PROFESSIONAL SERVICES: Based on your firms net billings, please indicate the approximate percentage of services listed below which are performed by your firm (Note: This section should total 100%)

Acoustical Engineering	%	Geotechnical Engineering	%	Mining Engineering	%
Aeronautical Engineering	%	HVAC Engineering	%	Nuclear Engineering	%
Architecture	%	Hydrological Engineering	%	Process Engineering	%
Chemical Engineering	%	Interior Design	%	Site / Property Development	%
Civil Engineering	%	Laboratory Testing	%	Structural Engineering	%
Communication Engineering	%	Landscape Architecture	%	Software Engineering	%
Electrical Engineering	%	Lift Engineering	%	Other (Detail Below)	%
Environmental Engineering	%	Marine Engineering	%		%
Fire Protection Engineering	%	Mechanical Engineering	%		%

Question 12 SPECIFIC SERVICES: Please indicate the percentage of your firm's gross billings derived from each of the following (Total must equal 100%). The purpose of completing this section is to give underwriters a clear understanding of the nature of the professional services that you perform.

Design With Construction Review.	%
Design Without Construction Review	%
Construction Review Without Design	%
Project Management / Co-ordination	%
Construction Management / Co-ordination	%
Feasibility, economic or other studies	%
Land (Boundary) Surveying	%
Quantity Surveying	%
Cost Engineering / Estimation	%
Ground Testing, Soil Analysis, Soils Testing	%
Foundation Sheeting and Shoring Design	%
Material Testing	%
Forensic/Expert Witness	%
Planning Consultancy	%
Other Consultancy Services (Please detail Below)	%
	%
	%

Question 13 PROJECTS:

a) Please indicate the type of projects you undertake as a percentage of your firm's net billings

Airport	%	Offshore structures	%
Asbestos Assessment / Abatement	%	Parks / recreational	%
Bridges	%	Petrochemical (Inc. petrol stations)	%
Buildings – Commercial (eg office, retail, hotels)	%	Pipelines	%
Buildings – Industrial (manufacturing, chemical plants)	%	Railways	%
Buildings – Residential (flats, apartments, housing)	%	Roads / Highways	%
Buildings – Low Rise	%	School / College	%
Buildings – High Rise	%	Sewage Systems	%
Contaminated Land / Pollution	%	Site Development	%
Dams / Reservoirs	%	Space / Satellite	%
Defence	%	Telecommunications	%
Harbours/Piers/Ports (Inc. dredging)	%	Tunnels	%
Hospitals/Healthcare	%	Underground / Above Ground Tanks	%
Industrial Waste Treatment	%	Utilities (inc. Subsurface utility location)	%
Landfill – Design/Construct/O&M	%	Water Systems	%
Lead Related Work	%	Wastewater Treatment Plants	%
Machine / Equipment Design	%	Wetlands	%
Mines / Quarries/ Mineral Exploration	%	Other (detail below)	%
Nuclear / Radiological	%		

b) Have you undergone any substantial changes in the percentages of item 13.a) during the past two years or anticipate any significant changes in the next 12 months? Yes No

If "Yes" please give details

Question 14 SUBCONTRACTED SERVICES

a) Does your firm subcontract professional services? Yes No

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

- b) Are written contracts used for all subcontractors and sub-consultants? Yes No
- c) Do your firm's contracts with subcontractors and sub-consultants contain indemnification and hold harmless provisions? Yes No
- d) Does your firm obtain certificates of insurance from all Subcontractors and sub-consultants? Yes No
- e) Is your firm named as an additional Insured under all subcontractor and sub consultant General Liability policies? Yes No

Question 15 FIRMS CLIENTS

a) Please indicate the percentage of your firms gross billings attributable to the following types of clients (total must equal 100%)

State, Council or Local Government or Public Entities	%
Owners acting as their own builders	%
Turnkey contractors	%
Design/Build contractors	%
Other contractors	%
Developers	%
Financial and Lending Institutions	%
Other design professionals	%
Other (please specify below)	%
	%

b) What percentage of your business is from repeat clients? %

c) Does any contract or client represent more than 25% of annual work? Yes No

If "Yes", please provide details

Question 16 FINANCIAL AND RELATED INTERESTS

a) Is your firm or any subsidiary, parent or other organisation related to your firm engaged in:

- Actual construction, fabrication or erection? Yes No
- Development, sale or lease of computer software to others? Yes No
- Real Estate Development? Yes No
- Manufacturing, sale, leasing or distribution of any product? Yes No

If any of the above answers are "Yes", use a separate sheet to provide full details, including a description of the services performed, construction value involved and fees received.

b) Are any of the principals, partners, directors or employees of your Firm involved in any activities described in Q16 a) above? Yes No

If "Yes" please provide details on a separate sheet

c) 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

d) 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:

e) 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

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

g) 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

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

If "No" Please explain why below:

Question 17 RISK MANAGEMENT AND LOSS PREVENTION

a) Does your firm follow written in-house quality control procedures? Yes No

b) Does your Firm always obtain references before taking on staff? Yes No

c) Does your Firm Use an automated master specification system? Yes No

d) Does your Firm use a computer assisted drafting program? Yes No

If "Yes" what percentage of design is done using the CAD Program? %

e) Does your Firm have an in-house program of continuing education for professional employees? Yes No

f) Does your Firm use written contracts on every project? Yes No

If "No" provide the percentage of the projects where oral agreements were used %

g) Does your Firm always use a limitation of liability clause in contracts with clients? Yes No

h) Specify the approximate percentage of your Firm's professional services rendered under standard forms of contract e.g. NEC Engineering and Construction Contract %

i) If non-standard contracts, modified standard contracts or "letter" agreements are used, are they reviewed by the Firm's legal counsel for liability implication prior to signing? Yes No

j) Does your Firm have procedures for monitoring or collecting outstanding fees? Yes No

k) Does your Firm have a pre-screening methodology for potential clients? Yes No

l) Does your Firm always negotiate into its contracts a provision for alternative dispute resolution such as mediation? Yes No

Question 18 Loss History

a) 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?

b) 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

c) Is your Firm aware of any deficiencies or alleged deficiencies in work where your Firm, predecessor or any other insured performed professional services, or any deficiencies or alleged deficiencies in work undertaken 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

d) 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

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

If "Yes", please explain

Question 19 Professional Indemnity Insurance

a) Is the Firm currently insured for professional indemnity? Yes No

If "Yes" please provide details as follows:

Insurer	Limits	Deductible	Premium	Renewal Date

Retroactive Date of current policy

b) 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 _____