

Proposal Form

Professional Indemnity Insurance FOR BUSINESSES WHO DESIGN AND CONSTRUCT

IMPORTANT NOTICE TO THE PROPOSER

Please fully complete this Proposal Form. It is very important that the person completing the Proposal Form understands that full disclosures must be made on the basis of proper enquiries and that the questions and statements below attach to the Policy if one is issued. The Insurer relies upon the answers provided in this Proposal Form when deciding whether or not to offer insurance to the Proposer, and if so, on what terms. The Proposal Form applies to the "Proposer" which includes all person(s) or businesses applying for insurance.

SECTION 1 - ABOUT THE PROPOSER (Please write in block capitals or cross the appropriate boxes as required)

1.	Proposer(s) Name (Company/Trading Name):		
2.	Main Address (Also include any other locations):		
3.	Date Established:		
4.	Company Registration Number:		
5.	Please provide a full description of the Proposer's activities:		
6.	Proposed inception date for policy:		
SECT	TION 2 – ABOUT THE BUSINESS		
7.	During the past 6 years (or since the Proposer commenced trading, if less) has the Proposer's name been changed, has it acquired any other business or concern or has it participated in any merger or acquisition or consolidation?	Yes 🗌	No 🗌
	If Yes, please provide full details.		
8.	Is the Proposer connected or associated (financially or otherwise) with any other entity?	Yes 🗌	No 🗌
	If Yes, is cover required for any work undertaken for any associated entity?	Yes 🗌	No 🗌
	If Yes, provide name, nature of the work undertaken and income derived from the associated entity.		

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SECTION 2 – ABOUT THE BUSINESS (Continued)

9. List all partners, principals, directors and consultants under a contract of service: (use separate sheet if necessary)

Name	Qualifications	Dates(s) Qualified*	Years Experience
1.			
2.			
3.			
4.			
5.			

^{*} Attach a CV where the Proposer has been established less than 5 years and/or where any individual has no relevant qualifications.

10. Provide the Proposer's turnover in each of the financial periods derived from clients based in the territories below:

Territory	Last Financial Year Ended	Current Financial Year Ending	Coming Financial Year Ending//
ROI€			
UK - € equivalent			
USA/CAN - € equivalent			
Elsewhere* - € equivalent			
Total £			

^{*} Please provide details of turnover designated as Elsewhere.

11. Please state below the Proposer's turnover split into the following categories:

		Last Financial Year	Current Financial Year	Coming Financial Year
a)	% of total turnover where Proposer carries out construction / installation and is responsible for the design* and the design* is undertaken by Proposer's own partners, directors or employees (to the nearest multiple of 10).	%	%	%
b)	% of total turnover where Proposer carries out the construction / installation and the design* is undertaken by third parties appointed by or on behalf the Proposer. i.e. the Proposer is responsible for the design* (to the nearest multiple of 10).	%	%	%
c)	% of total turnover where the Proposer carries out the construction / installation but has no responsibility for any aspect of the design* i.e. all work is to designs* provided by the Proposer's clients or the general contractor without input from the Proposer (to the nearest multiple of 10).	%	%	%
d)	% of all other turnover. Provide full details of the activities undertaken in Additional Information (to the nearest multiple of 10).	%	%	%

^{*} Design means any design or specification, feasibility study, technical information, calculation or survey carried out in relation to a contract.

SECTION 2 – ABOUT THE BUSINESS (Continued)

12. Please allocate below, as a percentage to a total of 100%, the turnover for activities undertaken during the last complete financial year or estimate for first year if a new start up business:

	ROI	UK	USA/Canada	Elsewhere*	Total
Architectural, Design & Planning					
Civil Engineering					
Electrical Engineering					
Environmental Engineering **					
Feasibility Studies – No design					
Heating and Ventilation Engineering					
Mechanical Engineering					
Project Management **					
Quantity Surveying					
Soil Engineering					
Structural Engineering					
Other (Specify) **					
					100%

^{*} Please provide details of work designated as Elsewhere.

13. Please allocate below, as a percentage to a total of 100%, the turnover for the last financial year, or estimate for first year if a new start up business, between contracts where the interest is:

	ROI	UK	USA/Canada	Elsewhere*	Total
Airports, Runways, Aviation **					
Amusement Rides					
Automotive**					
Bridges, Tunnels or Dams **					
Cladding / Curtain Walling/Roofing					
Commercial Offices, Retail or Business Parks					
Demolition					
Fire Protection / Security Systems					
Foundations, Piling and Underpinning					
Glazing					
Harbours, Jetties, Off-shore or Marine Installations **					
High Rise Building					
Housing					
Leisure / Sport / Stadiums / Playgrounds					
Lift Installation/Design					
Manufacturing Plants					
Military Projects **					
Mining**					
Nuclear or Atomic Projects **					
Power Stations and Plants					
Railways – Tracks / Signalling **					
Refineries / Chemical / Petrochemical					
Roads					
Schools. Universities, Hospitals, Municipal Buildings					
Sewerage, Drainage and Water Systems **					
Swimming Pools					
Other (specify) **					
					100%

^{*} Please provide details of work designated as elsewhere.

^{**} Please provide details of type of contracts or work undertaken.

^{**} Please provide details of work undertaken.

SECTION 2 – ABOUT THE BUSINESS (Continued)

14.	Does the Proposer require coverage for any other activity, now ceased or which due to commence, which Yes \(\subseteq \) No \(\subseteq \) is different to the description of the Proposer's business given in question 12 or 13?								
	If Yes, please provide full details								
15.	Does the Proposer require coverage for any consortium, joint venture or single project partnership the Yes No Proposer has entered into in the past or is planning to in the future?								
	If Yes, please provide full details.								
6.	What percentage of turnover on average over the last 3 years has been paid to outside or sub consultants or third parties?								
	If fees are paid to outside or subinding contract accepting resundertake?					No 🗌			
	If No, please provide full details i	including nature of work	and projects undertak	en.					
7.	Please list the Proposer's five months:	largest contracts unde	rtaken in the last 5 ye	ears and/or due to con	nmence in the	next 12			
	Project (Name and Type of Project)	Income Derived from Contract (€)	Total Contract Value (€)	Date Commenced	Estimate Completion				
	1.								
	2.								
	Services performed:								
	3.								
	Services performed:								
					ı				
	4.								
	Services performed:								
	5.								
	Services performed:			<u> </u>	<u> </u>				

SECT	TON 2 – ABOUT THE BU	SINESS (Continued)						
18.	•	ailed to complete a piece			Yes 🗌	No 🗌		
	If Yes, please explain the reason and type of project.							
19.	Has the Proposer ever accepted liability for designs completed by others by way of any legal agreement?							
	If Yes, please list all projects concerned, their values and completion dates.							
20.	•	k undertaken using well-e	stablished techniques an	d practices?	Yes 🗌	No 🗌		
	If No, please provide det	tails.						
21.	advice, design, specif	ication, inspection, sup connection with "façad	pervision or profession	ntractually) for providing al business services in but not limited to clad	n any	No 🗌		
	If Yes, please provide de	etails.						
SECT	TON 3 – RISK MANAGEN	MENT						
22	Door the Dueroes hove	ittaa aasaaliaa aa ab	addiata fautha aguiaga u	aufaussa dO	V □	No 🗆		
22.	•	written procedures or che	•	eriormed?	Yes □	No 🗌		
23.	•	entracts and terms of enga			Yes 🗌	No 🗌		
24.	Are changes to work ord writing?	ders or design specification	ons during the course of	a contract always confirm	ned in Yes 🗌	No 🗌		
25.	Does the Proposer alway	ys obtain satisfactory writ	ten references when enga	aging employees?	Yes 🗌	No 🗌		
If the	answer to any of the ques	tions above is No, please	provide full details of alte	ernative procedures in pla	ce.			
SECT	ION 4 – PREVIOUS INSL	JRANCE						
26.	Has any Proposal for Pr	ofossional Indomnity Insu	uranaa (ar aimilar inguran	ce) made by or on behalf	of the Voc 🗆	No 🗌		
20.	Proposer or its business activity or any principal	s or other activity, or any l, partner or director of d, renewal refused or has	predecessors of the Prothe Proposer been decl	oposer or its business or lined in the past or has	other	NO [
27.	Does the Proposer curre	ently purchase Profession	al Indemnity Insurance?		Yes 🗌	No 🗌		
	If Yes, please provide th	e following information:						
	Insurer	Limit	Excess	Premium	Retroactive	Date		
		€	€	€	1 1			
0=0=								
SECI	ION 5 – PREVIOUS EXP	ERIENCE						
28.	After full enquiry has the	Proposer sustained any	loss through the fraud or	dishonesty of any person	? Yes 🗌	No 🗌		
			•	, , ,				
29.	9. After full enquiry is the Proposer aware of any fraud, dishonesty, bankruptcy or administration order Yes No applicable to any past or present principal, partner, director or employee?							
30.		ny claim been made aga ilst in this or any other bus		ness or any principal, pa	artner, Yes 🗌	No 🗌		
		•		ne claim(s) was insured o	r not).			
31.				ch has or could result in a r, director or employee of		No 🗌		
	(This includes but is not limited to any client currently withholding payment for work or any escalating level							
				rrent or previous insurer).				

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Select the Excess required: €1,000		_							
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ADDITIONAL INFORMATION Note: Additional information is subject to further consideration by the Insurer: Use separate sheet if necessary. PLEASE ENSURE YOU READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE DECLARATION Similar to other professional insurances, the Angel Professional Indemnity Policy is underwritten on what is known as a 'claims made assis.' This means that the policy will only provide cover against those claims or circumstances that are discovered and notified to the insurer during the period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer. It is therefore important the Proposer ensures the cover meets its needs and if in any doubt seeks professional advice from heir insurance broker. Angel Risk Management Limited is a subsidiary of AXA SA. Angel Risk Management is an intermediary which is authorised and egulated by the Financial Conduct Authority (No. 718451). Registered Office: 20 Gracechurch Street, London, EC3V 0BG. DATA PROTECTION By signing this Proposal Form the Proposer consents to the Insurer or its representatives using the information the Insurer may hold about the Proposer for the purpose of providing insurance and handling claims and to process sensitive personal data about the Proposer where this is necessary in compliance with the provisions of the Data Protection Act 2018 (DPA 2018). This may necessitate providing such information to third parties. MATERIAL FACTS All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contract of insurance role how old. A material fact is one likely to influence the acceptance of insurance broker. MATERIAL FACTS All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contract of insurance role be void. A material fact is one likely to influence the acceptance of insurance broker. Material facts with the proposer of the proposer	€2,000,000		€3,000,000		€5,000,000		Other	£	
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* (Must be Chairman, Managing Partner, Managing Director or other Director responsible for insurance)

Print Name:

Position*:_