



Design & Construct Professional Indemnity Proposal Form



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Important Notice

This proposal must be completed and signed by a principal, partner, director or the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form.

Proposer Details

1.1 Main Trading Name of the Business ('The Proposer'):

1.2 Principal Address Line One:

Principal Address Line Two:

1.3 City:

1.4 Postcode:

1.5 Website Address:

1.6 Main Contact Name:

1.7 Telephone Number:

1.8 Contact Email:

1.9 Business Entity:

1.10 Date Established:

2.1 Does the Proposer have any other offices?

Yes No

If 'YES' please provide the following information:

Location	Person Responsible



3.1 Please provide details of any subsidiary companies which are to be included under this insurance, including those entities which have ceased trading.:

Name:	Nature of Business:	Status:	Trading Start Date:	Trading End Date if applicable:

4.1 During the past 6 years, has the name of the Proposer been changed or has any amalgamation, Yes No acquisition or take-over taken place or have any Principals departed, retired or died?

If 'YES', please provide details:

4.2 Do you expect any significant change to, or in the Firm in the coming year? Yes No

If 'YES', please provide details.

5.1 Please state the name of any professional body or trade association of which you are a member:

Professional Body:

Trade Association:



6.1 Please give the following details of all Principals, Directors or Partners of the Business:

Please provide a CV providing details of business experience, as appropriate for the following:

Newly established practice - for all Principals

Existing practice - for each Principal who has held such position with the Proposer for less than 5 years

6.2 Where the Proposer is a sole Principal, give details of the arrangements for office supervision when the Proposer is absent

6.3 Please state the numbers of employees:

	Principals, Directors, Partners	Qualified Staff	Administration	Other	Total
This year					
Last Year					
Two Years Ago					

6.4 Please state percentage of qualified staff who are full-time:

%

6.5 Please state percentage of all other staff who are full-time:

9

6.6 What is the annual average percentage rate of staff turnover for the last two years?

9



7.1 Is cover required for Principals' Previous Business with another firm in respect of any principal named in 6.1? Yes No

If 'YES', please supply details including: name of principal, name of previous firm, period as a principal, profession of firm, activities performed and fee income of the principal's previous firm

8.1 Is or has the Proposer been a member of a consortium, joint venture, group practice or similar organisation? Yes No

If 'YES', please provide details

9.1 Do you use consultants / sub-contractors? Yes No

If 'YES', please provide the following details:

9.2 What percentage of your turnover / fee income was paid to them in the last financial year? %

9.3 What was the nature of work undertaken?

9.4 Does the Proposer have a contract in place with each sub-contractor? Yes No

If 'NO', please provide details why not:

9.5 Do the terms of contract under which the Proposer appoints sub-contractors require them to carry their own Professional Indemnity Insurance for a minimum coverage of £1,000,000? Yes No

If 'NO', please provide details why not:



9.6 Please give the following details of all Consultants under a contract of service with the Proposer:

Name:	Age	Qualification & Date Qualified:	How Long With The Practice:

Business Activities

10.1 In your own words please provide a full description of all your activities, including any areas of specialisation:



11.1 Please state Annual Gross Income earned for each of the years below split between the following categories:

Financial Year End Date						
	Previous financial year		Current financial year		Forthcoming financial year (estimate)	
	UK	Overseas	UK	Overseas	UK	Overseas
a) Where the Proposer designs and constructs from their own design and provides full technical supervision						
b) Where the Proposer designs and constructs from their own design under the supervision of a third party						
c) Where the Proposer constructs from others' design but provides full technical supervision						
d) Where the Proposer provides design or technical services but has no involvement in construction						
e) Where the Proposer constructs from others' design under the supervision of a third party						
f) Other turnover not specified above. Please provide details of nature of work under 11.3 below						
Total						



11.2 If any overseas income is declared in 8a. above, please provide details below

Country	Details of the Contracts and Services provided by the Proposer	Your Annual Income/Fee	Value of largest contract commenced during the last 12 months
		£	£
		£	£
		£	£

11.3 If any income is declared under 11.1.(f) above, please give details of nature of work and services provided

11.4 Are you represented in any way in the USA or its territories and possessions, or Canada? Yes No
If 'YES', please provide details:

11.5 State largest fee earned from any client

Estimate Current Year	Last Completed Year	Previous Year
£	£	£

11.6 State gross fees paid to subcontractors

Estimate Current Year	Last Completed Year	Previous Year
£	£	£



12.1 Please provide details below of the five largest contracts in terms of Total Contract Value where construction has started in the past 5 years

Largest Contract 1			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

Largest Contract 2			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

Largest Contract 3			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

Largest Contract 4			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			



Largest Contract 5			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

13.1 Please provide details of the three largest contracts where construction is expected to commence in the next year

Largest Contract To Commence 1			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

Largest Contract To Commence 2			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

Largest Contract To Commence 3			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			



14.1 Does the Proposer enter into any contracts where the jurisdiction or applicable law is other than UK? Yes No

If 'YES', please provide details:

15.1 Please indicate which of the following services are performed by the Proposer by showing the approximate percentage of Annual Gross Income received during the past year

Service	%	Service	%
Architectural		Mechanical engineering	
Building surveying		Planning supervisor	
Chemical engineering		Quantity surveying	
Civil engineering		Project co-ordination	
Cladding & curtain walling/ roofing		Project management	
Electrical engineering		Soil engineering	
Foundations/underpinning		Structural engineering	
Heating & ventilation engineering		All other Work -- <i>Provide details below</i> --	
TOTAL (Must Equal 100%)			

15.2 Please provide full details of all 'OTHER WORK' and percentage of fee income:



16.1 Please state the percentage of Annual Gross Income received in the last year split by Project Type

Project Type	%	Project Type	%
Bridges and tunnels		Multi storey car parks	
Petro/chemical		Nuclear/atomic power plants	
Cladding/curtain walling		Railways	
Commercial buildings: less than 4 storeys		Recreation/sports/leisure	
Commercial buildings: over 4 storeys		Retail	
Dams, harbours and jetties		Roads/motorways	
Hospitals/nursing/other healthcare		Roofing	
Hotels		Sewage/water schemes	
Housing (multiple low rise)		Specialist Glazing	
Manufacturing/industrial		Warehouses	
Municipal (including libraries, prisons, schools, universities)		Other Sectors -- <i>Provide details below</i> --	
TOTAL (Must Equal 100%)			

16.2 Please provide full details of all 'OTHER PROJECT TYPES' and percentage of fee income:

17.1 Is the Proposer involved in any of the following work:

- a)** PFI or PPP projects? Yes No
- b)** Marine or offshore work? Yes No
- c)** Nuclear, mining, power generation or petrochemical plant? Yes No
- d)** Computer Centres? Yes No
- e)** Railway Signalling? Yes No
- f)** Mechanical handling systems conveyors, lifting, process or production plant? Yes No
- g)** Fire and security systems? Yes No
- h)** Heating ventilation and air-conditioning work on commercial premises (other than retail or offices)? Yes No



i) Work on critical electrical or electronic systems? Yes No

j) Product design and manufacture? Yes No

If 'YES', to any of the above, please provide details

18.1 Has the Proposer or any Partner/Principal/Director or Member or other company or organisation related to the Proposer ever provided services in connection with the identification, evaluation, treatment or removal of asbestos, chemicals or other hazardous materials? Yes No

If 'YES', please provide details

19.1 Is the Proposer able to confirm that:

a) No major change is anticipated in the work undertaken by the Proposer in the next 12 months? Yes No

b) All work is undertaken using well established techniques, materials and design? Yes No

If 'NO', to any of the above, please provide details



Risk Management

20.1 Does the Proposer work to a professional code of practice?

Yes No

If 'YES', please provide details:

20.2 Is the Proposer accredited to:

Accreditation	From date:	
ISO 9001	Yes	No
Cyber Essentials	Yes	No
Other Specialist Quality Mark (please detail)	Yes	No

If 'NO', to ISO 9001, please provide details of any other quality assurance system or external assessment in place:

21.1 Is the Proposer able to confirm the following:

- a) The Proposer has a clearly defined project vetting procedure to ensure that any projects which are unusual (either in terms of scope or size) or outside of the Proposer's normal business are reviewed and signed off by a Partner/Principal/Director or Member prior to an offer being made to the client? Yes No
- b) The Proposer has a client vetting procedure to ensure that all new clients are financially stable? Yes No
- c) The Proposer has never failed to complete a project? Yes No
- d) All current projects are progressing in accordance with time-scale and budget with no significant unresolved issues? Yes No
- e) Contracts or terms of acceptance are evidenced in writing and specify the scope of work and the extent of the Proposer's responsibility? Yes No
- f) Records are kept of all contracts, letters of engagement, client meetings and telephone calls? Yes No
- g) Records are retained securely for at least 6 years? Yes No
- h) Satisfactory written references are always obtained for new employees? Yes No
- i) no disciplinary action has been taken by any outside professional or regulatory body against any Partner/Principal/Director/Member, consultant or employee? Yes No

If 'NO' to any of the above, please provide details



22.1 Does the Proposer or any Partner/Principal/Director or Member act on behalf of, or undertake work for any firm, company or organisation in which the Proposer or any Partner/Principal/Director or Member has a financial interest? Yes No

If 'YES', please provide details

23.1 Does any Partner/Principal/Director or Member perform an executive role or hold a position with another firm, company or organisation whereby he or she is able to make a major policy decision on behalf of such firm, company or organisation? Yes No

If 'YES', please provide details of the nature of the association, together with the name of the business and activities undertaken:

24.1 Please state the number of data records currently processed/stored: []

24.2 Do you accept payment via Card-not-Present transactions? Yes No

If 'YES', do you use 3rd party payment gateways to process payments? Yes No

If 'NO', please provide details why not:

25.1 Do you currently have a professional indemnity policy in place? Yes No

If 'YES', please provide details:

Name of Current Insurer:	
Name of current Broker:	
Renewal Date:	
Limit of Indemnity	
Premium:	
Excess:	
Retroactive Date:	



26.1 Has any Insurer in respect of the risks to which this proposal relates ever:

- a) Declined a proposal or refused renewal for the Proposer or its Partners/Principals /Directors or Members? Yes No
- b) Cancelled or voided an insurance for the Proposer or its Partners/Principals/Directors or Members? Yes No
- c) Imposed special terms, exclusions or increased premium for the Proposer or its Partners/Principals/ Directors or Members? Yes No

If 'YES', please provide details:

27.1 Has any person for whom this Insurance is Proposed:

- a) ever been convicted of or charged with (but not yet tried in respect of) a criminal offence other than a motoring offence? Yes No
- b) ever been declared bankrupt? Yes No
- c) ever been a principal of a business which has gone into insolvent liquidation or been the subject of a receivership or an administration order? Yes No

If 'YES', please provide details:

28.1 Is there any other information that you consider material to the insurance required? Yes No

If 'YES', please provide details:

29.1 For what limits of indemnity are quotations required?

£250,000	£500,000	£1,000,000	£2,000,000
£3,000,000	£5,000,000	£10,000,000	£15,000,000
Other £	£	£	£

29.2 Does the Proposer wish to contribute towards each and every claim?

£1,000	£2,500	£5,000	£10,000
Other £	£	£	£

Note. In most cases, a contribution will be compulsory


30.1 Do you currently have insurance cover in place for the following:

Policy type:	Insurer(s)	Broker	Expiry date
Contractors All Risks			
Public & Employment Liability			
Property & Business Insurance			
Directors & Officers			
Engineering/Plant Insurance			
Crime Insurance			
Motor Fleet			
Key Man			
Cyber Liability			

Champion Professional Risks are able to arrange and advise on a wide range of insurance products in addition to Professional Indemnity. Please contact us for more information

Claims & Circumstances

31.1 Has any claim been made against the Proposer or any predecessors in business or any Partner/Principal/Director/Member, consultant or employee in relation to the professional services undertaken or has anyone threatened to bring such a claim, in the last 5 years? Yes No

31.2 Has the Proposer or any predecessors in business or any Partner/Principal/Director/Member, consultant or employee incurred any other loss or expense which might be covered under the terms of this insurance? Yes No

If 'YES' to any of the above, please provide the following details:

Date of Claim/Loss:	Brief details of each claim/loss	Cost of claim/loss	Estimated cost of claim/loss outstanding
		£	£
		£	£
		£	£
		£	£



31.3 What steps have been taken to prevent a recurrence?

32.1 Are you, after full enquiry:

a) Aware of any circumstance which is likely give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners?	Yes	No
b) Aware of any shortcoming in your work for a client who is likely to give to a claim against you? This includes:	Yes	No

- i. A shortcoming known to you, but not your client, which you cannot reasonably put right?
- ii. A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?
- iii. An escalating level of complaint from your client on a particular project?
- iv. A client withholding payment due to you after any complaint?

If 'YES', to any of the above, please provide details:



Additional Information

33.1 Please use the section to provide any additional information:



Data Protection Notice

Any information provided on this form, which may include sensitive data (e.g. medical history, criminal convictions, age), will be processed by Champion Professional Risks in accordance with our Privacy Policy and will only be used for the purposes of providing insurance cover and handling claims arising.

In the course of our duty as insurance brokers we may be required to provide such data to limited third parties including Insurers and/or circumstance required by law. A copy of the form and any additional documents submitted should be retained for your records.

For full details of our Privacy Policy please visit: <http://www.championprofessionalrisks.co.uk/privacy>

Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms.

The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Declaration

On behalf of the proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

IMPORTANT - Please save a version of the proposal form before signing. Once the form has been signed no further changes can be made.

Date:

Signature of principal / director / partner:

This form allows you to create a digital signature by following the instructions after you click on the signature box.

However, you can instead choose to print and sign the form or send it to us unsigned and we will send you a signature request via email once quotes are agreed and you are ready to proceed with cover.

Please don't forget to attach/send any required additional information to support your submission.