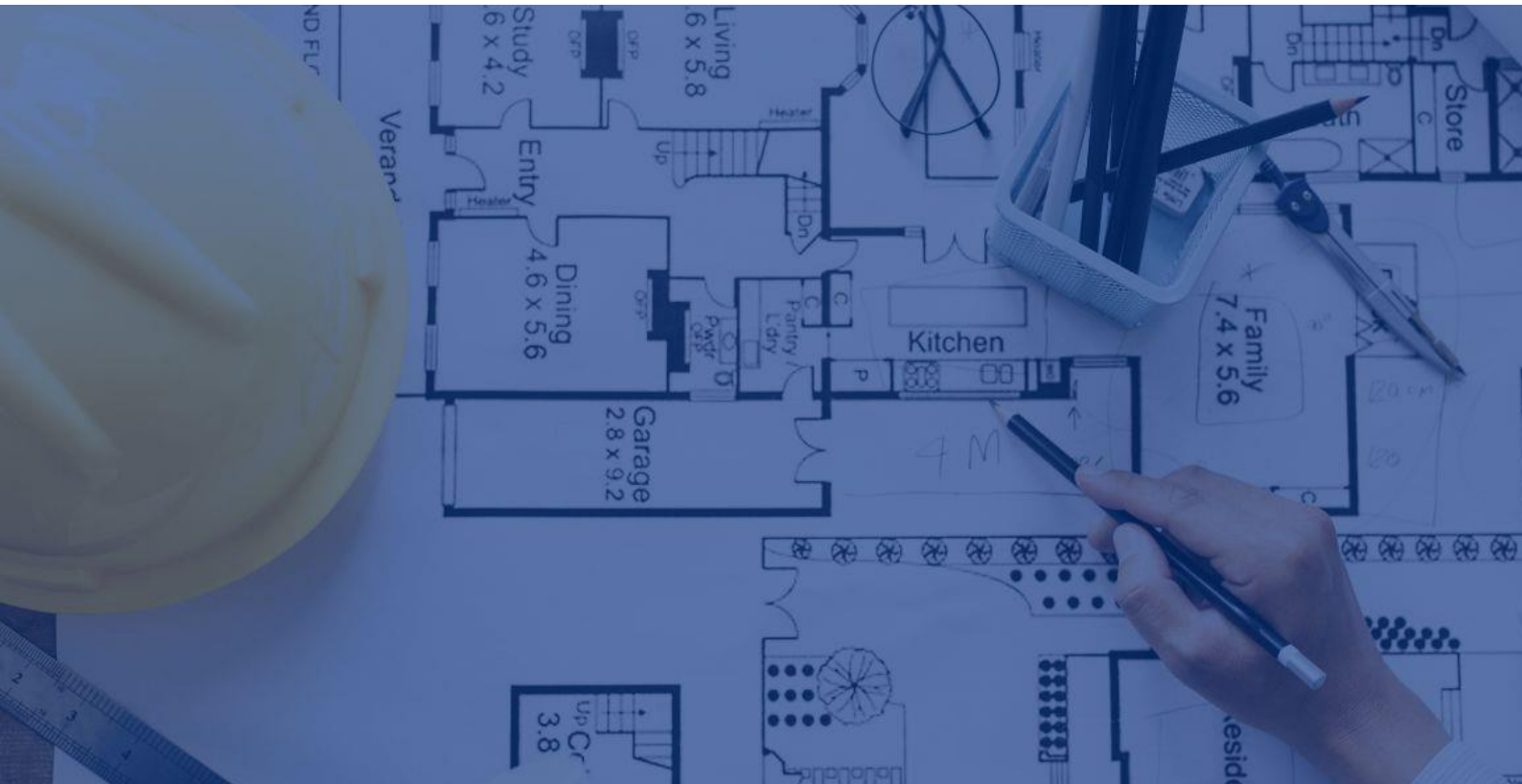




Professional Risks

Architects Proposal Form



DOA takes your privacy very seriously. We collect and process information about you in order to provide insurance policies and to process claims. Your information is also used for business purposes such as fraud prevention and financial management. This may involve sharing or obtaining information about you within our group of companies and other third parties such as insurers, sub brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators and fraud prevention agencies. We may record telephone calls to help us monitor and improve the service we provide. For further information on how your information is used and your rights in relation to your information please see our [Privacy Policy](#). If you do not have access to the internet please contact us and we will send you a printed copy.

DOA Underwriting Ltd is an independent underwriting agency, wholesale broker and principal company for David Oliver T/as David Oliver Associates and DOA Special Facilities Ltd (DOA) and is Authorised and Regulated by the Financial Conduct Authority, FRN 772309.

Important Notice

This proposal must be completed and signed by a principal, partner, director of 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 (please indicate section number).

General information

1. Please provide the following details (including all trading names and subsidiaries):

Name	Date of establishment

Website address:

2. Address/es, including postcode/s for all subsidiaries:

3. Please supply details of all principals, directors, partners:

Name	Qualifications	How long with the company

4. Please state total numbers of:

Principals, directors, partners	Qualified staff	Administration	Others

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

Professional body

Trade association

6. Is cover required for the previous business activities of any principals, directors, partners? Yes No

If **YES**, please provide:

Name	
Name of previous firm	
Last year's fees	
Reason for leaving	
Position in firm	

Is there separate insurance covering the activities of this firm for the period stated above? Yes No

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

If **YES**, please provide:

Name of current insurers	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	
Retroactive date	

8. Do you or any of your principals, directors, partners have any association with or financial interest in any other practice, 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:

9. Do you use consultants / sub-contractors? Yes No

If **YES**:

a. What percentage of your fee income was paid to them in the last financial year? %

b. What was the nature of the work undertaken?

c. Do you require cover for them under this policy? Yes No

d. Do you require them to carry professional indemnity insurance to a similar limit? Yes No

If **NO** to 8d, please provide details as to why not:

10. Please complete the following:

a. Financial year end date / / 20

	Previous	Last complete	Current	Estimate
b. Total fee income	£	£	£	£

c. Estimated percentage split of your fee income for:

Work carried out for UK clients	%	%	%	%
Work carried out for US / Canadian clients not subject to US / Canadian law	%	%	%	%
Work carried out for US / Canadian clients subject to US / Canadian law	%	%	%	%
Work carried out for clients anywhere else in the world – please give details of where	%	%	%	%

d. Do you enter into contracts that are not subject to UK law? Yes No

If **YES**, please provide details of which countries and jurisdiction:

Business activities

11. Please split the gross fees for the last financial year:

Architectural work – new build	%
Architectural work – non-structural refurbishment	%
Town planning / feasibility studies	%
Architectural consultancy	%
Interior design	%
Quantity surveying	%
Project management	%
Project co-ordination	%
Principal designer	%
Pre purchase surveys / valuations	%
Other surveys – please provide details	%
Fees paid to independent consultants	%
Other work – please give details	%
	%
	%
	TOTAL 100%

12. If there are activities in question 11 where you have declared no income for the last financial year:

- a. Have you undertaken any of these activities in the past? Yes No
- b. Do you intend to undertake any of these activities in the future? Yes No

If **YES** to any of the above, please provide details, including nature of activities and income:

13. Please give the approximate percentages applicable to the following expressed as a percentage of the total gross fees for the last complete financial year:

Basements	%	Industrial	%
Churches / cathedrals	%	Prisons	%
Commercial schemes	%	Other health care	%
Hospitals	%	Retail	%
Housing high rise (above 18 metres)	%	Schools or universities	%
Housing low rise	%	Swimming pools	%
Hotels / hostels	%		

14. Please give details of your five largest contracts in the last five financial years (If new start-up, please complete question 15):

Largest contract:	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
Second largest contract:	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
Third largest contract:	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

Fourth largest contract:

Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

Fifth largest contract:

Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

15. Please provide details of the three largest contracts where construction is expected to commence in the next 12 months:

Largest contract:

Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

Second largest contract:

Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

Third largest contract:	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

16. Has the proposer at any time undertaken any work where the end product is situated outside the UK? Yes No

If **YES**, please state the start and end dates, total contract value, your contract values, service provided and country:

17. Are all projects carried out using well established techniques? Yes No

If **NO**, please provide details:

18. Have you ever taken contractual responsibility for cladding systems on social housing, hospitals, schools, residential care homes, prisons, universities, student accommodation, hotels or hostels? Yes No

If **YES**, please answer the following questions:

- i. Have you ever been involved in high rise projects over 18 metres? Yes No
-
- ii. Can you confirm that all cladding (including components within the cladding system) used on these projects has been non-combustible? Yes No
-
- iii. Were specialist cladding contractors engaged? Yes No
-
- iv. Did these specialist cladding contractors have their own Professional Indemnity Insurance? Yes No

If **NO** to ii, please provide details:

19. Do you now, or have you in the past, undertaken any services which may create a liability for pollution, contamination or asbestos? Yes No

If YES, please give details:

20. Do you, or any related organisation, engage (either themselves or through sub-contractors) in:

- | | | |
|---|------------------------------|-----------------------------|
| a. Actual construction, fabrication, erection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Property development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. The manufacture, sale, leasing or distribution of any product or process | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If YES to any of the above, please give details:

21. Do you, or have you been, a member of a consortium, joint venture or engaged with any other party in a single project value? Yes No

If YES, please give details, including names of other parties:

Risk management

22. Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods? Yes No

23. Above what amount do payments require at least a two-stage sign-off? £

24. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts? Yes No

If **YES**, please state:

a. Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution? Yes No

b. Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions? Yes No

c. What steps have you taken to ensure that the transaction has been completed successfully?

25. When entering into contracts please confirm:

a. You carry out work only under your standard contract, signed by every client? Yes No

b. All contracts are vetted by a legally qualified person before being agreed? Yes No

If **NO** to any of the above, please explain why not:

26. When entering into contracts do you always:

a. Work to a written specification with your clients, outlining the scope of each job? Yes No

b. Ensure that changes to the scope of work are reflected in a written variation of the contract? Yes No

If **NO** to any of the above, please explain why not:

27. Has any person for whom insurance is now sought ever been the subject of a disciplinary proceeding taken by any regulatory body, professional organisation or trade association? Yes No

If **YES**, please provide details:

28. Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied? Yes No

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

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

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

30. For what limits of indemnity are quotations required?

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> £250,000 | <input type="checkbox"/> £500,000 | <input type="checkbox"/> £1,000,000 |
| <input type="checkbox"/> £2,000,000 | <input type="checkbox"/> £5,000,000 | <input type="checkbox"/> £10,000,000 |
| <input type="checkbox"/> Other £ _____ | | |

Claims

31. In respect of any of the risks to which this proposal relates:

- a. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners? Yes No

- b. Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person? Yes No

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

Date of claim / loss	Brief details of each claim / loss	Cost of claim / loss	Estimated cost of claim / loss outstanding

c. What steps have been taken to prevent a recurrence?

32. Are you, after full enquiry:

- a. Aware of any circumstance which is likely to 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 rise 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:

33. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?

Yes

No

If **YES**, please provide details:

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.

Signature of principal / director / partner:

Date:

Please use this page for additional information