|  |  |
| --- | --- |
| 1. Please provide the following details (including all trading names and subsidiaries):
 |  |
| Name  |  |
| Address including postcode |  |
|  |  |
| Establishment date |  | Website address  |  |
| 1. Please supply details of all principals, directors, partners:
 |  |
| Name | Qualifications |  How long with the company |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Profession / business of the firm/s:
 |  |  |
| 1. Business activities split:

a. Please break your turnover down as follows: |
|  |  **Last financial year** | **Current financial year est** |
|  | **UK** | **Overseas** | **UK** | **Overseas** |
| 1. Turnover where the firm designs and constructs / installs from its own design and provides full technical supervision
 | £ | £ | £ | £ |
| 1. Fees where the firm provides design and technical services only (i.e. no construction / installation is undertaken by the Firm)
 | £ | £ | £ | £ |
| 1. Fees where the firm provides project management or supervision of construction / installation services only (i.e. no construction / installation is undertaken by the Firm)
 | £ | £ | £ | £ |
| 1. Turnover where the firm constructs / installs from others’ design performed on behalf of the Firm (i.e. where there is contingent design liability)
 | £ | £ | £ | £ |
| 1. Turnover where the firm constructs / installs from others’ designs and others’ technical supervision
 | £ | £ | £ | £ |
| 1. Other turnover not mentioned above (please give details) - these activities will not normally be covered
 | £ | £ | £ | £ |
| **TOTAL** | £ | £ | £ | £ |
| 1. If no turnover is declared in i. ii. or iii. above, have you ever in the past undertaken contracts with design liability?
 | 🞏 Yes 🞏 No |
| 1. Does the turnover declared in 4a vi. relate to any advisory or design services?
 | 🞏 Yes 🞏 No |
| If **YES** to b or c, please provide details, including the approximate turnover involved on a separate sheet  |  |
| 1. Please give details of your five largest contracts
 |  |
| Start and end date | Nature of contract | Total contract value | Income to you |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 1. Please complete your split of activities for the last financial year:
 |  |
| Architectural | % | Surveying | % |
| Civil engineering | % | Piling | % |
| Structural engineering | % | Scaffolding  | % |
| Mechanical engineering | % | Roofing / glazing  | % |
| Electrical engineering | % | Cladding  | % |
| Heating & ventilation engineering | % | Environmental engineering | % |
| Chemical engineering | % | Demolition  | % |
| Soil engineering | % | Basements | % |
| Nuclear engineering | % | Swimming pools | % |
| 1. Have you ever taken contractual responsibility for cladding systems on housing, hospitals, schools, residential care homes, prisons, universities, student accommodation, hotels or hostels?
 | 🞏 Yes 🞏 No |
| If **YES** please answer the following questions:- | 🞏 Yes 🞏 No |
| 1. Have you ever been involved in high rise projects over 18 metres?
 | 🞏 Yes 🞏 No |
| 1. Can you confirm that all cladding (including components within the cladding system) used on these projects has been non-combustible?
 | 🞏 Yes 🞏 No |
| 1. Were specialist cladding contractors engaged?
 | 🞏 Yes 🞏 No |
| 1. Did these specialist cladding contractors have their own Professional Indemnity Insurance?
 | 🞏 Yes 🞏 No |
| If **NO** to ii, please provide details on a separate sheet |  |
| 1. Do you ensure that any consultants for which you are responsible have a professional indemnity policy in force?
 | 🞏 Yes 🞏 No |
| 1. Do you carry out work only under your standard contract, signed by every client?
 | 🞏 Yes 🞏 No |
| 1. All contracts vetted by a legally qualified person before being agreed?
 | 🞏 Yes 🞏 No |
| 1. Do you always work to a written specification with your clients, outlining the scope of each job?
 | 🞏 Yes 🞏 No |
| 1. Do you ensure that changes to the scope of work are reflected in a written variation of the contract?
 | 🞏 Yes 🞏 No |
| 1. Do you have a formal quality assurance or control programme in force?
 | 🞏 Yes 🞏 No |
| If **NO** to questions 8 - 13, please provide details on a separate sheet |  |
| 1. Do you currently purchase professional indemnity insurance
 | 🞏 Yes 🞏 No |
| 1. What limit/s of indemnity do you require? £
 |  |
| 1. In respect of any of the risks to which this proposal relates:
 |  |
| 1. Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners?
 | 🞏 Yes 🞏 No |
| 1. 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 |
| 1. Are you, after full enquiry aware of any circumstance which is likely to give rise to a claim or loss against you, any predecessor or any past or present principal, director, partners?
 | 🞏 Yes 🞏 No |
| 1. Are you, after full enquiry aware of any shortcoming in your work for a client who is likely to give rise to a claim against you?
 | 🞏 Yes 🞏 No |
| If **YES** to any of the above, please provide details on a separate sheet. |  |

# Please read this paragraph carefully before signing the declaration

It is essential that every Proposer, 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, 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: |  |

Additional Information