



Please read the following carefully before completing this proposal form:

- An Individual or a Partner, Principal or Director of the Firm/Company must complete the proposal form.
- Where a question is not applicable to your particular circumstances, please write N/A
- If there is insufficient space to answer questions please use an additional sheet and attach it to this proposal form.
- Completing and signing this proposal form does not bind you, or insurers, to complete this contract of insurance.
- If this proposal relates to a new business or venture, please complete the questions as far as possible, giving estimated income and information about your anticipated activities.

1 (a) Name of Firm(s) (including any subsidiary requiring cover):

(b) Date established:

(c) Address(es)

Telephone

Postcode

Website

2 (a) Details of Staff

Name of Individual, Partner, Principal or Director	Age and Qualifications	Date Qualified	No. of years Practical Experience
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Initial

Date



(b) Design and/or Professional Related Staff

Names of all Senior Staff regularly used	Age and Qualifications	Date Qualified	No. of years Practical Experience
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Please state the total number of:

Partners, Principals or Directors;	Other Technical Staff;
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Qualified staff;	Administrative and all other staff;
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3 Have there been any major changes in the activities undertaken during the past twelve months or are any likely to take place in the next twelve months? Yes No

If 'Yes' please give details:

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4 Please list by activity the approximate percentage of work carried out in each instance, ensuring it totals 100%:

Cladding or Curtain Walling	%
Architecture	%
Civil engineering	%
Soil engineering	%
Structural engineering	%
Nuclear engineering	%
Mechanical engineering	%
Interior or Non-Structural refurbishment	%
Fabrication	%
Electrical engineering	%
Landscape architecture	%
H.V.A.C. engineering	%
Non-Structural space planning	%
Chemical engineering	%
Surveying (land, quantity, building)	%
Other (PLEASE SPECIFY)	%

Initial _____ Date _____



5 Please indicate to what types of contracts your activities extended into, ensuring it totals 100%?

Individual Dwellings	%
Roads, Highways	%
*Basements	%
Low Rise Multiple Dwellings	%
Bridges (excluding footbridges), Tunnels (excluding drainage) and Dams	%
High Rise Multiple Dwellings - above 5 floors	%
Railways, Airports, Harbours and Jetties	%
Modular Dwellings (Repetitive)	%
Commercial Offices/Shopping Centres	%
Water Schemes, Sewerage	%
Power Plants (including Biomass)	%
Hospitals and/or Nursing Homes	%
Refineries and Petro-Chemical	%
Hotels and Leisure Centres	%
Manufacturing Plants	%
Schools and Universities	%
Industrial Building Systems	%
Retail/Business Parks	%
Wind Farms	%
Other (PLEASE SPECIFY)	%

* If any basement work has been undertaken by your firm historically please tick here:

6 a. Please state the gross turnover received for each of the last three financial years billed to clients and an estimate for the next twelve months.

Year	Turnover	UK	Worldwide ex USA/Canada	USA/Canada

Estimate

Year	Turnover	UK	Worldwide ex USA/Canada	USA/Canada

Financial Year ends (Month): _____

Initial Date



b. What percentage of turnover was paid to sub-contractors or consultants for professional services (i.e. Surveying, Engineering, Architectural etc)?

_____ %

c. Please break down your turnover for the last 12 months between the following activities, ensuring it adds up to 100%:

i)	Where you design and construct, from your own design	_____ %
ii)	Where you provide design only	_____ %
iii)	Where you provide design and supervision, of third party labour	_____ %
iv)	Where you construct from the design of qualified architects or engineers, appointed on your behalf, who have their own PI insurance	_____ %
v)	Where you construct from the design supplied by the Principal, Employer or Client but have no responsibility at law, for such design	_____ %
vi)	Where you construct from others' designs, undertaken on your behalf and they also undertake the supervision	_____ %
vii)	Where you construct only	_____ %
viii)	Other (e.g. Manufacture)	_____ %

7 a. Please list the three largest total contract values undertaken in the last five years (where you have a Professional related legal responsibility (including the appointment of professional sub-consultants)) (If you are a new start-up company please provide details of expected contracts):

i)

ii)

iii)

b. In the case of Overseas contracts, please list the countries involved and whether UK or local law applies. Also, please give brief details of the contract(s) and size.

8 a. Please clarify the type of work normally carried out, whether consisting of well-established techniques or the nature of any new processes or designs employed.

b. Please confirm if you have ever been involved in / responsible for the specification, selection, design, installation, certification of cladding / cladding systems or the project management of work that included cladding / cladding systems specified, designed, installed or certified by a third party?

Yes No

If Yes, please ensure you have completed our Cladding and FSN Questionnaire

Initial

Date



9 Are all current projects on time and within budget and all projects completed within the last 2 years been completed on time and within the agreed budget?

Yes No

If 'No' please provide full details below:

(a) Engaged in the manufacture or fabrication of pre-engineered units?

Yes No

(b) Engaged in contracts involving prototype construction or materials?

Yes No

If 'Yes' to either 9 a. or b., provide details below:

10 Do you have liability within the Construction (Design & Management) Regulations 2007, or subsequent re-enactment, either as a Planning Supervisor or as a Designer?

Yes No

IF 'YES', PLEASE PROVIDE BRIEF DETAILS BELOW

11 Do you use standard Contract Conditions/Letter of Appointment?

Yes No

If 'No', please give details of how you define your duties to your clients.

12 Have any of the Partners, Principals or Directors been a Partner, Principal or Director or been associated with any business that has ceased trading, either voluntarily or compulsorily?

Yes No

If 'Yes' please give full details:

Initial Date



13 Do you currently have Professional Indemnity insurance? Yes No

If 'Yes', please give details:

Retroactive Date:		Limit: £		Excess: £	
Insurer:					

14 Have you ever had any Professional Indemnity insurance cancelled, declined or only written at special terms? Yes No

If 'Yes' please give full details:

15 Please state:

Limit(s) of indemnity required:

Self-insured excess required:

16 Is any Partner, Principal, Director or Employee allowed to sign cheques on their sole signature? Yes No

If 'Yes', please give details:

17 Have you or any Partner, Principal, Director or employee had any claims made against you with in the last 5 years or know of any circumstances that could or would have resulted in a claim, if cover had been in force? Yes No

If yes, please give full details below or on separate sheet of headed paper.

Initial Date



Fair Presentation of Risk in Accordance with the Insurance Act 2015

The Partner, Principal or Director of the Firm/Company, must make a fair presentation of the risk to us – in accordance with Section 3 of the Insurance Act 2015. Such fair representation must be reasonably clear and accessible, each representation of fact substantially correct, and every material representation of expectation or belief, made in good faith. In this regard, fair presentation covers 'every material circumstance which the Partner, Principal or Director of the Firm/Company knows (or ought to know) generally, including any of the Senior Management. For the sake of completeness, this also includes any information held within the Firm / Company's organisation. If any subsidiaries, affiliates or other parties are to be insured under this application, we expect that the relevant information has been sourced and provided herein.

For the purposes of this Fair Presentation the Senior Management means, in accordance with the Insurance Act 2015: those individuals that play significant roles in the making of decisions about how the Insured's activities / services / clients are to be managed. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its 'Senior Management' and those persons responsible for the Insured's insurances.

I / we the undersigned, agree that this submission together with any additional detail supplied, represents a fair presentation of the risk known to the Senior Management of the Firm/Company noted below.

Dated:

Signature:

Position:

Firm / Company Name

A copy of this proposal should be retained by you for your own records

Short Form Privacy Notice

In order for us and the insurers to provide you with your insurance cover, we collect and process information about you. This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health or any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you, including any sensitive information (health information or information relating to any criminal convictions). Where your consent is required, unless another ground applies, your consent to this processing is necessary for us to provide our services and we will ask you for your consent separately. You may withdraw your consent at any time. However, should you exercise this right, we may not be able to fulfil the insurance services requested by you, your policy may terminate, or you may be unable to make a claim.

The way insurance works means we may need to disclose your personal information to third parties in the insurance market for example, insurers or other insurance market participants or credit reference agencies and to third parties including loss adjusters, claims handlers and solicitors.

More information about our use of personal data is set out in our Privacy Notice on our website, www.euna.com. We recommend that you review this notice.

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Authorised and Regulated by the
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Euna Underwriting Limited are an
Appointed Representative of
ES Risks Limited
FRN 565023

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