

ARCHITECTS
PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM



Please read the following information carefully before completing this proposal form. This should help present a clear and unambiguous picture and to ensure that underwriters understand the nature of your risk:

- 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 Name and address of Insured Firm(s) including any predecessors in business:

Postcode

Date firm established:

2 Please provide a full description of the business carried out by the Insured Firm(s)

3 Is the Firm Associated with any other Firm(s)? Yes No

If "Yes" please give full details

4 In respect of all Principals, Partners or Directors please provide the following details:

Name	Qualifications	Date Qualified	Number of years at firm

Initial Date

5 Please provide details of staff numbers

Employees

Consultants

Administrative & Others

Total

6 If a sole practitioner, please give details of the Professional cover arranged in the event of holiday or sickness

7 Please state the gross fee income received for each of the last three financial years plus an estimate for the next financial year

Last Year	Current Year	Next 12 months
Gross fee £	£	£

8 (a) Please provide details of the 3 largest contracts undertaken in the last 3 years:

Client name and type	Type of work	Contract value	Period

(b) Please provide details of the 3 largest contracts due to be undertaken in the next 12 months:

Client name and type	Type of work	Contract value	Period

(c) Please confirm that you have never 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 complete our Cladding Questionnaire

Initial Date

9 (a) Please provide percentage split of the types of contracts undertaken in the last 12 months:

Housing	%
Commercial and/or Offices	%
High Rise Buildings (above 10 floors)	%
Schools or Municipal Buildings	%
Hospitals	%
Hotels / Pubs	%
Any Other Leisure, Sport or Amusement	%
Industrial Systems Building	%
Harbours, Jetties, Dams or Offshore Installations	%
Mines, Tunnels, Nuclear, Petro-Chemical, Oil or Gas Installations	%
Roads, Highways or Road Bridges	%
Railways/Airports (safety critical)	%
Golf Courses	%
Basements	%
Swimming pools	%
Other (PLEASE SPECIFY)	%

(b) Please provide percentage split of the types of services undertaken in the last 12 months:

Architectural Planning / Consultancy Only (A-C / 0-2 services only)	%
Architectural full services (A-L / 0-7) excluding income from above	%
Aborted Work	%
Building Surveying	%
Engineering	%
Expert Witness Work	%
Feasibility Work	%
Interior Design (non-structural)	%
Interior Design (structural)	%
Landscape Architecture	%
Land Surveying	%
Planning Supervision	%
Project Co-ordination	%
Project Management	%
Quantity Surveying	%
Structural Survey Work	%
Town Planning	%

Initial _____ Date _____

10 Do you or have you ever undertaken any work overseas? Yes No

If so, PLEASE SPECIFY below:

Country	Type of work	Total contract value	Period

11 Have you been involved in any specialist contracts for Curtain Walling, Glazing, Roofing and/or Water Schemes? Yes No

If so, PLEASE SPECIFY below:

12 Has any Insurer ever declined to offer terms, imposed special terms or cancelled or voided any Insurance for the Insured Firm(s) or any Principal, Partner or Director? Yes No

If "Yes" please provide full details:

13 Have any claims and/or circumstances ever been made against the Insured Firm(s) or its predecessors or any past or present Principal, Partner, Director or Employee whether successful or not? Yes No

If "Yes" please provide full details:

14 Are you or any of the Principals, Partners or Directors or employees AFTER FULL ENQUIRY aware of any circumstances which may give rise to a claim against the Insured Firm(s) or its predecessors or any past or present Principal, Partner, Director or Employee? Yes No

If "Yes" please provide full details:

Initial Date

- 15** Do all partners/directors have at least five years' experience or the relevant professional qualifications? Yes No
- 16** Does the Proposer use conditions of contract in every case? Yes No
- 17** Does the Proposer/Insured work to a Professional Code of practice? Yes No
- 18** Is the Proposer/Insured accredited to or in the process of becoming accredited to BS EN ISO 9001 (formerly ISO 9000 and/or BS5750) Quality Systems or subject to any other form of external assessment? Yes No
- 19** Prior to contracts being accepted does the Proposer/Insured check contract specifications can be met and customer requirements can be satisfied by ensuring they have the technical ability to undertake the contract, the resources and time? Yes No
- 20** 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

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 presentation 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.

Signed	Date
Print Name	Position
Company	

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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