



Proposal Form

Professional Indemnity Insurance FOR BUSINESSES WHO DESIGN AND CONSTRUCT

IMPORTANT NOTICE TO THE PROPOSER

Please fully complete this Proposal Form. It is very important that the person completing the Proposal Form understands that full disclosures must be made on the basis of proper enquiries and that the questions and statements below attach to the Policy if one is issued. The Insurer relies upon the answers provided in this Proposal Form when deciding whether or not to offer insurance to the Proposer, and if so, on what terms. The Proposal Form applies to the "Proposer" which includes all person(s) or businesses applying for insurance.

SECTION 1 – ABOUT THE PROPOSER (Please write in block capitals or cross the appropriate boxes as required)

1. Proposer(s) Name (*Company/Trading Name*):

2. Main Address (Also include any other locations):

3. Date Established:

4. Company Registration Number:

5. Please provide a full description of the Proposer's activities:

6. Proposed inception date for policy: _____
(12 month policy period assumed)

SECTION 2 – ABOUT THE BUSINESS

7. During the past 6 years (or since the Proposer commenced trading, if less) has the Proposer's name been changed, has it acquired any other business or concern or has it participated in any merger or acquisition or consolidation? Yes No

If Yes, please provide full details.

8. Is the Proposer connected or associated (financially or otherwise) with any other entity? Yes No

If Yes, is cover required for any work undertaken for any associated entity? Yes No

If Yes, provide name, nature of the work undertaken and income derived from the associated entity.

SECTION 2 – ABOUT THE BUSINESS (Continued)

9. List all partners, principals, directors and consultants under a contract of service:

(use separate sheet if necessary)

| Name | Qualifications | Dates(s) Qualified* | Years Experience |
|------|----------------|---------------------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

* Attach a CV where the Proposer has been established less than 5 years and/or where any individual has no relevant qualifications.

10. Provide the Proposer's turnover in each of the financial periods derived from clients based in the territories below:

| Territory | Last Financial Year Ended ____/____/____ | Current Financial Year Ending ____/____/____ | Coming Financial Year Ending ____/____/____ |
|---------------------------|---|---|--|
| UK £ | | | |
| EU - £ equivalent | | | |
| USA/CAN - £ equivalent | | | |
| Elsewhere* - £ equivalent | | | |
| Total £ | | | |

* Please provide details of turnover designated as Elsewhere.

11. Please state below the Proposer's turnover split into the following categories:

| | Last Financial Year ____/____/____ | Current Financial Year ____/____/____ | Coming Financial Year ____/____/____ |
|--|---------------------------------------|--|---|
| a) % of total turnover where Proposer carries out construction / installation and is responsible for the design* and the design* is undertaken by Proposer's own partners, directors or employees (to the nearest multiple of 10). | % | % | % |
| b) % of total turnover where Proposer carries out the construction / installation and the design* is undertaken by third parties appointed by or on behalf the Proposer. i.e. the Proposer is responsible for the design* (to the nearest multiple of 10). | % | % | % |
| c) % of total turnover where the Proposer carries out the construction / installation but has no responsibility for any aspect of the design* i.e. all work is to designs* provided by the Proposer's clients or the general contractor without input from the Proposer (to the nearest multiple of 10). | % | % | % |
| d) % of all other turnover. Provide full details of the activities undertaken in Additional Information (to the nearest multiple of 10). | % | % | % |

* Design means any design or specification, feasibility study, technical information, calculation or survey carried out in relation to a contract.

SECTION 2 – ABOUT THE BUSINESS (Continued)

12. Please allocate below, as a percentage to a total of 100%, the turnover for activities undertaken during the last complete financial year or estimate for first year if a new start up business:

| | UK | EU | USA/Canada | Elsewhere* | Total |
|-------------------------------------|----|----|------------|------------|-------|
| Architectural, Design & Planning | | | | | |
| Civil Engineering | | | | | |
| Electrical Engineering | | | | | |
| Environmental Engineering ** | | | | | |
| Feasibility Studies – No design | | | | | |
| Heating and Ventilation Engineering | | | | | |
| Mechanical Engineering | | | | | |
| Project Management ** | | | | | |
| Quantity Surveying | | | | | |
| Soil Engineering | | | | | |
| Structural Engineering | | | | | |
| Other (Specify) ** | | | | | |
| | | | | | 100% |

* Please provide details of work designated as Elsewhere.

** Please provide details of type of contracts or work undertaken.

13. Please allocate below, as a percentage to a total of 100%, the turnover for the last financial year, or estimate for first year if a new start up business, between contracts where the interest is:

| | UK | EU | USA/Canada | Elsewhere* | Total |
|---|----|----|------------|------------|-------|
| Airports, Runways, Aviation ** | | | | | |
| Amusement Rides | | | | | |
| Automotive** | | | | | |
| Basements | | | | | |
| Bridges, Tunnels or Dams ** | | | | | |
| Cladding / Curtain Walling/Roofing | | | | | |
| Commercial Offices, Retail or Business Parks | | | | | |
| Demolition | | | | | |
| Fire Protection / Security Systems | | | | | |
| Foundations, Piling and Underpinning | | | | | |
| Glazing | | | | | |
| Harbours, Jetties, Off-shore or Marine Installations ** | | | | | |
| High Rise Building | | | | | |
| Housing | | | | | |
| Leisure / Sport / Stadiums / Playgrounds | | | | | |
| Lift Installation/Design | | | | | |
| Manufacturing Plants | | | | | |
| Military Projects ** | | | | | |
| Mining** | | | | | |
| Nuclear or Atomic Projects ** | | | | | |
| Power Stations and Plants | | | | | |
| Railways – Tracks / Signalling ** | | | | | |
| Refineries / Chemical / Petrochemical | | | | | |
| Roads | | | | | |
| Schools, Universities, Hospitals, Municipal Buildings | | | | | |
| Sewerage, Drainage and Water Systems ** | | | | | |
| Swimming Pools | | | | | |
| Other (specify) ** | | | | | |
| | | | | | 100% |

* Please provide details of work designated as elsewhere.

** Please provide details of work undertaken.

SECTION 2 – ABOUT THE BUSINESS (Continued)

14. Does the Proposer require coverage for any other activity, now ceased or which due to commence, which is different to the description of the Proposer's business given in question 12 or 13? Yes No

If Yes, please provide full details.

15. Does the Proposer require coverage for any consortium, joint venture or single project partnership the Proposer has entered into in the past or is planning to in the future? Yes No

If Yes, please provide full details.

16. What percentage of turnover on average over the last 3 years has been paid to outside or sub consultants or third parties? _____ %

If fees are paid to outside or sub consultants or any third parties for design work are they engaged in a binding contract accepting responsibility for their own neglect, error or omission for the work they undertake? Yes No

If No, please provide full details including nature of work and projects undertaken.

17. Please list the Proposer's five largest contracts undertaken in the last 5 years and/or due to commence in the next 12 months:

| Project (Name and Type of Project) | Income Derived from Contract (£) | Total Contract Value (£) | Date Commenced | Estimated Completion Date |
|---------------------------------------|-------------------------------------|-----------------------------|----------------|------------------------------|
| 1. | | | | |
| Services performed: | | | | |
| 2. | | | | |
| Services performed: | | | | |
| 3. | | | | |
| Services performed: | | | | |
| 4. | | | | |
| Services performed: | | | | |
| 5. | | | | |
| Services performed: | | | | |

SECTION 2 – ABOUT THE BUSINESS (Continued)

18. Has the Proposer ever failed to complete a piece of work or project? Yes No
If Yes, please explain the reason and type of project.
19. Has the Proposer ever accepted liability for designs completed by others by way of any legal agreement? Yes No
If Yes, please list all projects concerned, their values and completion dates.
20. Is all the Proposer's work undertaken using well-established techniques and practices? Yes No
If No, please provide details.
21. Has the Proposer ever provided or been responsible (including contractually) for providing any advice, design, specification, inspection, supervision or professional business services in any way related to or in connection with "façade material" (including but not limited to cladding, insulation and wall panelling)? Yes No
If Yes, please provide details.

SECTION 3 – RISK MANAGEMENT

22. Does the Proposer have written procedures or checklists for the services performed? Yes No
23. Are all the Proposer's contracts and terms of engagement in writing? Yes No
24. Are changes to work orders or design specifications during the course of a contract always confirmed in writing? Yes No
25. Does the Proposer always obtain satisfactory written references when engaging employees? Yes No
- If the answer to any of the questions above is No, please provide full details of alternative procedures in place.*

SECTION 4 – PREVIOUS INSURANCE

26. Has any Proposal for Professional Indemnity Insurance (or similar insurance) made by or on behalf of the Proposer or its business or other activity, or any predecessors of the Proposer or its business or other activity or any principal, partner or director of the Proposer been declined in the past or has such insurance been cancelled, renewal refused or has any special terms been imposed on them? Yes No
If Yes, please provide full details.
27. Does the Proposer currently purchase Professional Indemnity Insurance? Yes No
If Yes, please provide the following information:

| Insurer | Limit | Excess | Premium | Retroactive Date |
|---------|-------|--------|---------|------------------|
| | £ | £ | £ | ___/___/___ |

SECTION 5 – PREVIOUS EXPERIENCE

28. After full enquiry has the Proposer sustained any loss through the fraud or dishonesty of any person? Yes No
29. After full enquiry is the Proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee? Yes No
30. After full enquiry has any claim been made against the Proposer's business or any principal, partner, director or employee whilst in this or any other business? Yes No
 (This is regardless of whether the claim was successful or not or whether the claim(s) was insured or not).
31. After full enquiry is the Proposer aware of any circumstance or incident which has or could result in any claim being made against the Proposer's business, or any principal, partner, director or employee of this or any other business? Yes No
 (This includes but is not limited to any client currently withholding payment for work or any escalating level of complaint on a particular project and whether it has been notified to a current or previous insurer).

If the answer to any of the questions above is Yes, please provide full details.

SECTION 6 – LIMIT OF INDEMNITY AND EXCESS

Select the Limit of Indemnity required:

£100,000 £250,000 £500,000 £1,000,000
£2,000,000 £3,000,000 £5,000,000 Other £ _____

Select the Excess required:

£1,000 £2,500 £5,000 Other £ _____

ADDITIONAL INFORMATION

| |
|--|
| |
| |
| |
| |
| |
| |
| |

Note: Additional information is subject to further consideration by the Insurer. Use separate sheet if necessary.

PLEASE ENSURE YOU READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE DECLARATION

Similar to other professional insurances, the Angel Professional Indemnity Policy is underwritten on what is known as a 'claims made basis.' This means that the policy will only provide cover against those claims or circumstances that are discovered and notified to the Insurer during the period of insurance. The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer. It is therefore important the Proposer ensures the cover meets its needs and if in any doubt seeks professional advice from their insurance broker.

Angel Risk Management Limited is a subsidiary of AXA SA. Angel Risk Management is an intermediary which is authorised and regulated by the Financial Conduct Authority (No. 718451). Registered Office: 20 Gracechurch Street, London, EC3V 0BG.

DATA PROTECTION

By signing this Proposal Form the Proposer consents to the Insurer or its representatives using the information the Insurer may hold about the Proposer for the purpose of providing insurance and handling claims and to process sensitive personal data about the Proposer where this is necessary in compliance with the provisions of the Data Protection Act 2018 (DPA 2018). This may necessitate providing such information to third parties.

MATERIAL FACTS

All material facts must be disclosed, including any which might be expected to arise or change prior to the inception date of the contract of insurance. Failure to do so may cause the contract of insurance to be void. A material fact is one likely to influence the acceptance or assessment of the risk by the Insurer. If the Proposer is in any doubt as to what constitutes a material fact they should consult their insurance broker.

DECLARATION

The undersigned declares on behalf of the Proposer that to the best of their knowledge and belief the statements provided herein are true and complete and all material facts or circumstances have been fully disclosed. The undersigned declares and agrees that the proposal form together with any other information supplied shall form the basis of any subsequent contract of insurance and undertakes to inform the Insurer of any material alteration to those facts occurring before completion of the contract of insurance and accepts that in such circumstances any quotation may be modified or withdrawn. The signatory below is authorised to sign this Proposal on behalf of the Proposer.

More information is attached to this Proposal Form

Signature: _____

Dated: _____

Print Name: _____

Position*: _____

** (Must be Chairman, Managing Director or other Director responsible for insurance)*