



Hera Indemnity Insurance Architects Proposal Form

Important Notes

In this application:

"You / Your" refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.

"Firm" means any business, whether a sole trader, partnership or company, limited in liability or otherwise.

"Principal" means any Director, Partner, Member or Sole Trader.

"Senior Management" includes all individuals who play significant roles in the making of decisions about how Your activities are to be managed or organised.

"Fair Presentation" means a presentation that:

- Clearly discloses every material circumstance that is known or ought to be known by Your Senior Management and those persons
 responsible for Your insurance or which is sufficient to prompt the insurer/s to ask appropriate questions. A circumstance is material if it
 would influence an insurer's judgement in determining whether to take the risk and, if so, on what terms.
- Discloses information in a manner that is reasonably clear and accessible; "data dumping" of large quantities of information with important matters hard to identify amongst the volume would not fulfil this requirement.
- Contains statements and facts that are true, accurate and given after undertaking a reasonable search, including consulting with Senior Management and those persons responsible for Your insurance.

"Hera Indemnity" means Hera Indemnity, a trading name of Advisory Insurance Brokers Limited.

"Data Protection Legislation" means the Data Protection Act 2018, or, from the date it comes into force in the UK, the General Data Protection Regulation (EU) 2016/679 and any other applicable laws relating to the protection of personal data and the privacy of individuals (all as amended, updated or re-enacted from time to time).

"Data Subject", "Personal Data", "Controller" and "Processor" each have the meaning given to them in the Data Protection Legislation.

Fair Presentation

It is important that you tell us everything about you and what you want to insure, including any specific concerns that led you to seek cover.

The law requires that you make a "fair presentation" of the risk to insurers. To do this you need to undertake a reasonable search for and disclose all information that may be material to the insurance, including by making specific enquiries of Partners, Directors and Senior Management involved in the business and its subsidiaries and other people inside and outside your organisation who may have material information, and to answer all the questions we ask you accurately and to the best of your knowledge and ability.

You must tell us of anything that may be relevant or important for insurers to know so that they can make decisions on whether to offer cover, the type of cover to offer, the terms to be applied and the required premium. If you don't do this and a relevant piece of information is missed then your cover may be prejudiced or become void, you may be charged a higher premium or have claims reduced or not paid at all.

By way of example only, you should inform us of the following:

- The financial history of the proposer (including senior management and those involved in arranging the insurances), director or partner of
 the business (including any subsidiaries) personally or in any business capacity. Areas to disclose include prior convictions (excluding
 motoring convictions and those spent under the Rehabilitation of Offenders Act), bankruptcy/liquidations/voluntary arrangements,
 previously had an insurance policy voided/cancelled/declined, County Court Judgements (or Scottish equivalent)
- Any different, special or any unusual aspects of your business activities in comparison to what would be considered 'typical' for your trade, business or profession.
- If anything changes from what you have previously advised to us

If you are in any doubt or need further information, please tell us or speak to your usual contacts.

Fair Processing Notice

Hera Indemnity is a trading name of Advisory Insurance Brokers Limited, who are the data controller for the personal information you provide. We are committed to keeping your information safe and secure. We will use your personal information to communicate with you and to provide you with the products and services you have requested or are of interest. We also share information with other companies including insurers and finance companies to assess and obtain the quotes and covers you have requested. We will also share information with other organisations where we need to do so by law. Our Fair Processing Notice can be found here www.towergateinsurance.co.uk/fpn/fair-processing-notice-directory. This explains in more detail how we use and share your personal information.

						Date I	Establis	shed	
Please provide Yo	our website add	lress:							
Diagram and date of									
Please provide al	addresses:								
		inue hueine	ess (predecess	or practices	s), please pro	ovide full details b	elow:		
If cover is require	d for Your previ	ous busine	(J						
	d for Your previ	Start Dat			End Date			Reason for wi	nding up/leavi
	d for Your previ				End Date			Reason for wi	inding up/leavi
Name (s)		Start Date	e	essional bu		ty not covered els	sewhere		
Name (s) If any of the Prince Name of Principal to be covered		Start Date	e	essional bu		ty not covered els	sewhere		
If any of the Principal to be covered	ipals require co	Start Date	e			ty not covered els		, please provide	
If any of the Prince Name of Principal to be covered Name of Orevious Firm	ipals require co	Start Date	e	From:		ty not covered els	Fro	, please provide	
If any of the Prince Name of Principal to be covered Name of Drevious Firm	ipals require co	Start Date	e y previous profe	From: To:	siness activi			, please provide	details below:
If any of the Prince Name of Principal to be covered Name of Drevious Firm	ipals require co	Start Date	e	From: To:		ty not covered els	Fro	, please provide	
If any of the Principal o be covered Name of previous Firm Period at previous Firm	ipals require co	Start Date	e y previous profe	From: To:	siness activi		Fro	, please provide	details below:
Name (s)	ipals require co	Start Date	e y previous profe	From: To:	siness activi		Fro	, please provide	details below:
Name (s) If any of the Principal to be covered Name of previous Firm Period at previous Firm Fees for last 3	ipals require co	over for any	e y previous profe	From: To:	siness activi		Fro	, please provide m: Year	details below:
If any of the Principal to be covered Name of principal to be covered Name of previous Firm Period at previous Firm	ipals require co	Start Date	e y previous profe	From: To:	siness activi		Fro	, please provide	details below:

Name	Age	Qualifications		Date Qualified		Date o	f Engag	ement	
Please supply details of total nur	nbers of sta	ff:							
Principals	Qualified S	Staff	Unqualified S	taff	Others	3			
			1		<u> </u>				
Have You furloughed any staff or	r otherwise r	educed staff numbers in	the past 12 mor	nths?		Yes		No	Γ
			, =					-	L
YES, please provide full details b	elow:								
Has any Principal ever been con	wicted of a c	eriminal offence or are an	v chargos/proso	cutions					
pending (excluding minor motori						Yes		No	
by their professional body?									
f YES, please provide full details b	elow:								
 Please provide full details if any associated with any business wh 									
Unless you are already insured t	hrough us r	please provide details of	vour current Pro	fessional Indemnity in	nsurance	arrand	ements l	nelow:	
2. Chiloso you are already incured to	oug., uo, p	sicado provido detallo er	your ourrone re			- arrang			
Current Insurer									
Current Broker									
Policy Renewal Date									
Limit of Indemnity									
Excess									
Premium									
If You currently have Professional	Indemnity	coverage in force, plea	se advise the r	etroactive date, if ar	ıy:				
Date									

7. Please supply details of all Principals:

13	Please provide a breakdown o	of turnover/fees	generated for each	of the last 5 financial	vears and an est	imate for the cur	rent/next financial year

										Last Co	mple	ete Year	N/	/ Esti	mate
Year End	1	1		1	1	1	1	1	1	1		1		1	1
Work in UK															
Work in EU															
Work in USA/ Canada															
Work Elsewhere															
Total															

14. Please provide a breakdown of Your activities and percentage of income generated for each discipline:

Architectural work (excluding non-structural refurbishment)	%
Non-structural Refurbishment	%
Town planning/Feasibility Studies	%
Architectural Consultancy	%
Interior Design	%
Landscape Design	%
Quantity Surveying	%
Other (please provide full details below)	%
Total	100%

15. Please provide a breakdown of contract types and percentage of income generated from each in the last complete financial year:

Commercial Schemes	%
Retail Works	%
Industrial Works	%
Churches/Cathedrals	%
Private Sector Individual Houses	%
Private Sector Housing (including Housing Associations)	%
Public Sector Hospitals	%
Private Sector Hospitals	%
Public Sector Education	%
Private Sector Education	%
Bridges/Tunnels/Dams	%
Basements	%
Highrise Works (exceeding 6 storeys or 20m)	%
Other works (please provide full details below)	%
Total	100%

16. What pe	rcentage of Yo	our income in the past final	ncial year derived fro	m aborted work?			%
17. Do You a	anticipate prof	essional activities/services	s provided will change	e over the forthcoming	twelve months?	Yes N	lo [
f YES. pleas	e provide ful	l details below:					
о, р.очо							
		e process of manufacturing oply of products, other that				Yes N	lo
YES, pleas	e provide ful	l details below:					
9. Have Yo	u undertaken	any projects on buildings	exceeding 6 stories o	r 20m in height?		Yes N	lo [
YES, provi	de details of	3 Highest Projects in las	t 5 years.				
Start Date	End Date	Address	Height of Building	Total Contract Value	Your Contract Value	Role and Respons	ibility
				£	74.440		
				£			
				£			
		volved, directly or indirect				Yes N	ıo F
		sisting in whole or in part of Laminate Material or othe			minated	103	
YES, provi	de details of	3 Highest Projects in las	t 5 years.				
Start Date	End Date	Address	Height of	Total Contract	Your Contract	Role and Respons	ibility
			Building	£	Value		
				£			
				£			
1. Have Yo	u ever underta	aken any contracts involvir	ng a basement?			Yes N	lo [
		-					L
ı ⊑ə, provi	ue details of	3 Highest Projects in las					
Start Date	End Date	Address	Height of Building	Total Contract Value	Your Contract Value	Role and Respons	ibility
				£			
				£			
				£			

22. Do You engag	ge the services of s	ub-contractors?			Yes No
If YES, please pro	ovide answers to t	he following, otherwise skip to	the next question.		
What percentage	of fees/turnover wa	s paid to sub-contractors during	the last financial year?		%
	quire Your sub-cont fy that it is in force?	ractors to hold their own Profess	ional Indemnity		Yes No
If YES, please co	nfirm the minimun	n limit You require them to ma	intain:	£	
23. Please provid	de details of Your 5	largest contracts that have been	completed in the past 6 ye	ears:	
Client	Start Date	Description of Work	Total Contract	Your Contract	Estimated Completion
			£	Fee	Date
			£		
			£		
			£		
			£		
24. Please provid	de details of Your 5	largest contracts currently in han	d:		
Client	Start Date	Description of Work	Total Contract Value	Your Contract Fee	Estimated Completion Date
			£		
			£		
			£		
			£		
			£		
		en agreements for each contract all changes to the specifications			Yes No
	nges and other impli		J	0, 1	
If You have answ	vered NO please de	etail below what procedures ar eed and understood by all part	e undertaken to ensure t	hat any revised	
specifications/de	miverables are agri	eed and understood by an part	iles.		
26 Are all curren	nt projects on time a	nd within budget and have all pr	piects completed		\square
		nd within budget and have all propleted on time and within the agr			Yes No
within the las		pleted on time and within the agr			Yes No
within the las	t 2 years been com	pleted on time and within the agr			Yes No
within the las	t 2 years been com	pleted on time and within the agr			Yes No

Country	Client	Start Date	Description of Work	Total Contract	Your Contract		mated	
			·	Value	Value	Comple	tion L	Jate
				£				
				L				
				£				
the United	at any time entered d Kingdom? e give full details be		is subject to the law of count	ries other than	Yes		No	
Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract Value	Estin Comple	mated tion [
				£				
				£				
				£				-
). Do You ha including	ave an up-to-date Bu processes to allow s	usiness Continuity Pl taff adequately to we	ays obtained from Your clian (BCP) as part of Your risork remotely?	k management process,			No	
	a Sole Practitioner, se for any reason, wh		have been made for attentio expected?	n to the business in the	event of sickness			

27. Do You undertake any projects where construction is outside the United Kingdom?

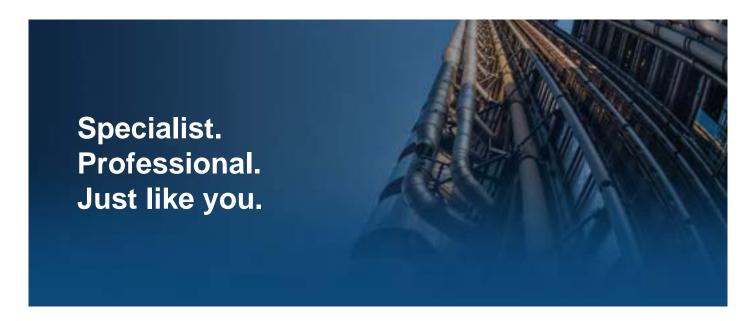
250,000		£2,000,000								
500,000		£3,000,000	£3,000,000							
1,000,000		£5,000,000								
ther Limit of Liabili	ty									
. What level of exce	ss do You require?									
	en made or loss suffered by You, wheth to which this proposal for insurance re e details below.			Yes		No				
Pate of Claim/Loss	Details of Claim/Loss	Amount Paid	Date Settled			anding				
		£			£					
		£			£					
		£			£					
		£			£					
		£			£					
risks to which this	any of the following? s which might lead to claim against You proposal for insurance relates? might otherwise affect the consideration		ect of any of the	Yes Yes		No No				
Principal ever bee	on for similar insurance made on Your l n declined, refused renewal, cancelled	l or accepted only on special tern		Yes		No				
/ES to any of the al	bove, please provide full details her	e:								

Declaration

I, being a signatory to this form, declare that the information in this form, together with any other information, is a Fair Presentation. If the proposer is an organisation such as a company or Limited Liability Partnership, I make the declaration for and on behalf of the organisation (and I declare that I am duly authorised to do so).

If there is any material alteration to the facts and information which I have provided or any new material matter arises before the completion of the contract of insurance, I undertake to inform Underwriters.

Signed:	Printed Name:
Date:	



What information do we collect?

To enable us to provide you with the right product or service to meet your needs (or to handle a claim) we will collect personal information which may include your name, telephone number, email address, postal address, occupation, date of birth, additional details of risks related to your enquiry or product and payment details (including bank account number and sort code).

We may need to request and collect sensitive personal information such as details of convictions or medical history for us to provide you with the product or service or to process a claim.

We only collect and process sensitive personal data where it is critical for the delivery of a product or service and without which the product or service cannot be provided. We will therefore not seek your explicit consent to process this information as it is required by us to provide the product or service you have requested and is legitimised by its criticality to the service provision. If you object to the processing of this information, then we will be unable to offer you that product or service. Where you have given consent for the processing of your data, you may withdraw that consent at any time.

Please note that typically we process data on the legal basis that it relates to a contract of insurance, or a contract to provide you with risk advice, so the right to erasure, which does not apply to personal information processed for a contractual purpose, will not be applicable in many instances.

However, we may also collect personal data for marketing purposes from publicly available sources or product development purposes where it is in our legitimate interests to do so.

To read our full Fair Processing Notice, visit www.towergateinsurance.co.uk/fpn/fair-processing-notice-directory.



Hera Indemnity, 3 Hardman Square, Spinningfields, Manchester, M3 3EB

 $t + 44 \ (0) \\ 161 \ 443 \ 0700 \quad e \ enquiries@heraindemnity.co.uk \\ \qquad w \ towergateinsurance.co.uk/hera-indemnity$