



HERA INDEMNITY

MAKING A DIFFERENCE

ARCHITECTS
PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM

Architects Professional Indemnity Insurance Proposal Form

Instructions

- This proposal form must be completed by a Principal, Director, Partner or Company Secretary of the Proposer.
- If there is insufficient space to provide answers, please supply additional information on a separate sheet of the Proposer's company headed paper.
- All questions must be answered.
- Completion of this proposal form does not bind the Proposer to complete the insurance. Please keep a record of all information supplied to us.

Disclosure

- It is your responsibility, throughout the lifetime of a policy and at renewal, to provide us and your insurers with complete and accurate information. You should check carefully the details on the proposal form that have been completed on your behalf to ensure that they are correct.
- With regard to the insurance cover we arrange for you, you owe a duty of disclosure to the Insurer. Please refer to the Duty of Fair Presentation at the end of this proposal form. You must take reasonable care to provide complete, accurate and honest answers to the questions we ask when you take out, make changes to or renew your policy. This will include all information that is likely to affect both the assessment and acceptance of risks being insured, whether or not a specific question has been included in this Proposal Form. Failure to provide full and accurate information may invalidate your cover, thus any potential claim may be declined. If you are unsure whether you should disclose it or if you are in any doubt, do not hesitate to ask us.

1. Name of Firm (and any subsidiaries to be included in this insurance)

Name of Firm

Subsidiaries (if relevant)

2. Address (if more than one, please provide each address to be included in this insurance)

Principal Address

Other Addresses (if relevant)

3. Principal Telephone number, Fax number, Email and Website address

Telephone

Fax

Email

Website

4. Date Established

Day

Month

Year

5. Is the Firm a member of a Professional or Trade Association? If Yes, please provide details

6. Please provide a list of all Directors/Partners including relevant qualifications and year appointed

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7. Total number of Directors/Partners and Staff

Directors/Partners	Draftsmen/Assistants
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Professionally Qualified	All Others
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

8. Is cover required in respect of past work for any Director/Partner who has left, retired or died?

If Yes, please provide the following:

Yes

No

Name	Qualifications	Period with Firm
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

9. Date of Financial Year End

Day	Month	Year
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

10. Please state total Gross Fee Income for each of the last three completed financial years

	Year 1 (date)	Year 2 (date)	Year 3 (date)
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
a) In the United Kingdom	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>
b) In the USA and its territories and possessions and/or Canada	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>
c) Elsewhere (excluding USA/Canada and United Kingdom)	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>
TOTAL GROSS FEE INCOME	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>	£ <input style="width: 95%;" type="text"/>

11. Details of those countries included in 10c) above

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12. Estimated Gross Fee Income for the forthcoming financial year

£

13. Please indicate Gross Fee Income received during the past financial year applicable to the following categories

	United Kingdom	USA/Canada	Elsewhere
a) Architectural Services	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
b) Town Planning/Consultancy	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
c) Feasibility Studies	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
d) Landscape Architecture	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
e) Interior Design	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
f) Quantity Surveying	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
g) Structural Surveys/Valuations	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
h) Refurbishment	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
i) Planning Supervisor (CDM)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
j) Other work – please provide details	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

TOTAL GROSS FEE INCOME	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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14. Please give approximate percentage of work carried out on the following projects during the past financial year

	Public	Private
a) Schools/Universities	<input type="text"/> %	<input type="text"/> %
b) Medical Facilities	<input type="text"/> %	<input type="text"/> %
c) Individual Housing	<input type="text"/> %	<input type="text"/> %
d) Multiple Housing	<input type="text"/> %	<input type="text"/> %
e) Housing Associations	<input type="text"/> %	<input type="text"/> %
f) Hotels and Leisure Centres	<input type="text"/> %	<input type="text"/> %
g) Churches/Cathedrals	<input type="text"/> %	<input type="text"/> %
h) Commercial	<input type="text"/> %	<input type="text"/> %
i) Industrial	<input type="text"/> %	<input type="text"/> %
j) Restoration Work	<input type="text"/> %	<input type="text"/> %
k) Other Work – please provide details	<input type="text"/> %	<input type="text"/> %

N.B. All percentages (Public and Private) should total 100%

15. Details of the Firm's five largest contracts undertaken during the past three years

Start/Completion Date	Brief Description	Total Contract Value £	Fee Income £

16. Is cover required for claims made against any independent specialist consultant to whom work is subcontracted?

If Yes, please provide the following:

Yes

No

Name of Firm/Individual

Fee Paid (Last Financial Year)

£
£
£
£

17. Are there any aspects of the Firm's work not detailed in this proposal form which you think should be declared to Underwriters?

If Yes, please provide the following:

Yes

No

18. Please give the following details of your current Professional Indemnity Insurance policy

- a) Total Sum Insured any one claim
- b) Excess each and every claim
- c) Total Premium (excluding IPT)
- d) Primary Insurers
- e) Renewal Date

19. What levels of Sum Insured would you like quotes for?

a) £ b) £ c) £

20. What levels of excess per claim if available would you like quotes for?

a) £ b) £ c) £

21. Have any claims for professional negligence, error or omission been made against the Firm or their predecessors in business or any of the past or present Directors or Partners?

If Yes, please provide details

Yes

No

22. Are any Directors, Partners or employees after FULL ENQUIRY aware of any CIRCUMSTANCES which may give rise to a claim against the Firm or their predecessors in business or any of the past or present Directors or Partners?

If Yes, please provide details

Yes

No

Declaration

The undersigned person declares that the above statements and particulars are true, to their best knowledge and belief, and have not suppressed or mis-stated any material facts.

Name of Director/Partner/Company Secretary

Date

Signature of Director/Partner/Company Secretary

Date

IMPORTANT NOTICE – DUTY OF FAIR PRESENTATION

The Insurance Act 2015 came in to force on 12th August 2016. Under this Act, you owe a duty of disclosure to the Insurer which includes your duty to make a fair presentation of the risk. A 'fair presentation' is one:

- Which clearly discloses all material circumstances which the Insured's Senior Management (defined as those individuals who play significant roles in the making of decisions about how the Insured's activities are to be managed or organised), including persons responsible for the Insured's insurance, know or ought to know following a reasonable search or which is sufficient to make the Insurer ask questions about the risk. A circumstance is material if it would influence an Insurer's judgement in determining whether to take risk and, if so, on what terms. If you are in any doubt whether a circumstance is material we recommend that it should be disclosed:
- Which discloses information in a manner which is clear and accessible to a prudent insurer (ie no 'data dumping');
- In which every material representation as to a matter of fact is substantially correct and every material representation as to a matter of expectation or belief is made in good faith.

Failure to disclose a material circumstance may entitle an Insurer to:

- In some circumstances, avoid the policy from inception and in this event any claims under the policy would not be paid;
- Impose different terms on your cover, and / or
- Proportionately reduce the amount of any claim payable.

This duty applies:

- Before your cover is placed;
- When it is reviewed; and
- At any time that it is varied.

Your policy wording may also provide that this duty continues for the duration of the policy.

You should contact us immediately for assistance if you are unsure whether information may be material, or if it comes to your attention that you may have not disclosed full and accurate information.



HERA INDEMNITY

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