

ARCHITECTS PROFESSIONAL INDEMNITY PROPOSAL FORM

The completion of this form in no way binds the Proposer to purchase insurance, nor does it bind Underwriters to give insurance.
Any information given will only be passed to Underwriters for the purpose of quotation and will be treated as confidential.

1) COMPANY NAME / TRADING NAMES(S)				
2) PREVIOUS TRADING NAMES TO BE INCLUDED IN COVER:				
3) FIRMS PRIMARY ADDRESS AND EIRCODE:				
4) WEBSITE ADDRESS		5) DATE 1ST ESTABLISHED:		
6) FIRMS BUSINESS DESCRIPTIONS:				
7) DETAILS OF MAIN PRINCIPALS, PARTNERS OR DIRECTORS: (PLEASE ATTACH CV'S IF AVAILABLE)				
Full Name		D.O.B		Qualifications
8)	IRELAND	USA/CANADA	OTHER (PLEASE SPECIFY)	TOTAL
Total Gross Fees in last financial Year ending: / /	€	€	€	€
Total Gross Fees for the current year:	€	€	€	€
Total Gross Fees in previous financial year:	€	€	€	€
Estimated Gross Fees for next financial year:	€	€	€	€
Largest fee earned from any client over the last 3 years?			€	
Average fee per client over the last 12 months?			€	

9) DOES THE FIRM CURRENTLY HOLD PROFESSIONAL INDEMNITY INSURANCE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Current Insurers			
Premium			
Excess			
Renewal Date			
Retroactive Date			
10) What Limit of Indemnity is required?			

11) FULL DESCRIPTION OF ACTIVITIES WITH PERCENTAGE BREAKDOWN FOR THE LAST FINANCIAL YEAR (ESTIMATED IF NO HISTORICAL DATA):			
Aborted Work	%	Health & Safety	%
Acoustic Consultancy	%	Interior Design (Non-Structural)	%
Adjudication/Arbitration	%	Interior Design (Structural)	%
Approved Inspectors	%	Landscape Architecture (excluding sports grounds, golf courses etc)	%
Architecture	%	Other S&V (Non Lending)	%
Architectural Consultancy	%	Project Co-ordination	%
BIM (Building Information Modelling)	%	Project Management	%
Building Surveying	%	Quantity Surveying	%
CDM / Principal Designer	%	Refurbishment (Structural) & Restoration	%
Clerk of Works	%	Refurbishment (Non Structural)	%
Commercial S&V for Lenders	%	Residential S&V for Lenders	%
Contract Administration	%	Town Planning/Planning Application	%
Engineering	%	Fees Paid to Subconsultants	%
Expert Witness	%	Other (Please Specify)	%
Feasibility Studies	%		
12) DIVISION OF ACTIVITIES UNDERTAKEN IN LAST FINANCIAL YEAR, PERCENTAGE BREAKDOWN (ESTIMATED IF NO HISTORICAL DATA):			
Airports- Non-Airside	%	Industrial Systems	%
Airports / Railways	%	Modular Buildings	%
Basements Standalone Contracts	%	Offices	%
Bio Gas	%	Offices High Rise (Over 3 Storeys)	%
Bridges / Tunnels / Mines/ Dams	%	Offshore Installations / Marine	%
Car Parks	%	Railway Stations Non-Trackside	%
Care / Residential Homes	%	Refineries & Petrochemical	%
Churches / Historical / Museums	%	Retail / Commercial	%
Council / Local Authorities	%	Roads / Highways	%
Data Centres	%	Scaffolding	%
Golf Courses (except clubhouses)	%	Secondary Schools / Universities	%
Harbours/ Jetties / Sea Defences	%	Sewerage / Water	%
Hotel / Leisure	%	Small Educational / Primary Schools	%
Hospitals	%	Small Healthcare / Medical Centres / Surgeries	%
Housing High Rise (Over 3 Storeys)	%	Stadiums	%
Housing Individual Low Rise (Up To 3 Storeys)	%	Swimming Pools Standalone Contracts	%
Housing Multiple Low Rise (up to 3 storeys)	%	Others (Please specify)	%
Industrial / Factories	%		

13) DETAILS OF THE 5 LARGEST CONTRACTS IN THE LAST 5 YEARS (GIVE DETAILS OF CURRENT PROJECTS IF NEW BUSINESS):					
Dates	Client	Description	Total Contract Value	Own Contract Value	Fee

14) Have you been involved with or do you expect to be involved in any projects with basements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15) Have you been involved with or do you expect to be involved in any swimming pool projects?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16) Have you been involved or do you expect to be involved in any projects where any type of cladding, façade system or curtain walling has been used?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answer "YES" to any of the above, please provide a fully completed Combined Construction Questionnaire		
17) Do you undertake external wall fire reviews / ews-1 forms?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18) Have you been involved with or do you expect to be involved in any rapid build schools projects for the department of education or rapid build housing schemes for Dublin City Council?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19) Do you engage in, or are you responsible for the manufacture or fabrication of any manufacturing, construction, erection or installation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20) Do you work from offices other than your Irish offices?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
21) Do you enter into any contracts where the jurisdiction or applicable law is other than Ireland?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
22) Does any one client generate more than 20% of your fee income/turnover	YES <input type="checkbox"/>	NO <input type="checkbox"/>
23) Is or has the firm been a member of a consortium or joint venture?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
24) Do you work to a professional code of conduct?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
25) Are any major changes anticipated in the work undertaken over the next 12 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If Yes to any of the above (18-25), please provide full details at the end of the form

26) RISK MANAGEMENT

Please confirm that:

(a) work undertaken by professional / technical staff is regularly reviewed by a principal, partner, director or qualified manager?	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>
(b) written procedures or checklists are used for the professional / technical service provided?	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>
(c) any consultants for which you are or have been responsible for are required to have Professional Indemnity Insurance for a limit of at least €1,000,000 or equal to your own limit if lower?	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>
(d) contracts are evidenced in writing, specify the work to be undertaken and the extent of your responsibility?	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>
(e) changes in specification during the course of a contract are evidenced in writing?	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>
(f) satisfactory written references are always obtained for new employees?	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>
(g) systems are in place for ensuring that time limits and critical dates are met?	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>

If you answer 'False' to any of the questions above please provide details at the end of the form

27) CLAIMS AND OTHER CIRCUMSTANCE STATEMENTS

(a) No claims for professional negligence, error or omissions or the like have ever been made against The Firm or any predecessor(s) in business or against any Partners/Directors/Principals either directly or in respect of any Company of which they were a Partner/Director/Principal of.	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>
(b) After enquiry within The Firm, the Proposer is not aware of any circumstances which have occurred which may give rise to a claim.	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>
(c) The Firm or any Partners/Directors/Principal has not had any Insurers decline to offer PI renewal terms, nor has had their PI policy cancelled or voided, or had any special premium increase or special terms being imposed due to a material fact.	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>
(d) The Firm or any Partners/Directors/Principal do not act, or have not acted, in any capacity other than those declared	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>
(e) The Firm or any Partners/Directors/Principal have not ever been the subject of investigations or disciplinary proceedings by any Regulatory Body or the Health & Safety Authority?	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>
(f) The Firm or any Partners/Directors/Principal do not undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such a partnership, company, organisation.	TRUE <input type="checkbox"/>	FALSE <input type="checkbox"/>

If you answer 'False' to any of the questions above please provide details at the end of the form

28) MATERIAL INFORMATION

You must search for all material information and disclose it to us without misrepresentation. Material information is anything which might reasonably influence our decision to offer you insurance or the terms (including the premium) on which any offer is made. It includes facts, circumstances, allegations and events. Material information includes special or unusual facts concerning you or your business, any particular concerns you may have which have led you to seek or increase your insurance cover and any other facts relevant to the risk taken by us. You should assume that all information specifically sought by us is material, whether in this proposal form or otherwise.

Please check carefully all the information and advise your insurance adviser if any corrections or additions are required as soon as reasonably practicable.

29) DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signed:

Dated:

Any Additional Information (Please continue on a separate sheet if required):

NBS Ireland is a trading style of NBS Commercial Limited. Registered in Ireland No. 677098. Registered Office: 13-18 City Quay, Dublin 2, D02 ED70.
NBS Commercial Ltd is authorised and regulated by the Central Bank of Ireland – C441712