

**PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM
ARCHITECTS AND CONSULTING ENGINEERS
PROJECT COVER**

I. GENERAL DATA

1. Name of Organization:
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2. Address of Head Office:
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.....

3. Address of Branch office(s) and name(s) of resident partner(s)
.....
.....

4. When was the firm established:

5. Details of all practicing principals or partners

Names	Qualifications, dates qualified / total duration of professional experience	Position held in company and how long

Agents for **ARABIA** Insurance Company s.a.l

6. Technical:
- Principals, partners or officers _____
 - Other qualified engineers _____
 - Qualified architects _____
 - Surveyors _____
 - Draughtsmen _____
 - Other qualified staff (please specify) _____
 - Trainee staff (please specify) _____

Total non-technical / administration staff

7. Do you give work to independent firm (subcontractors) &/or specialists?	YES	NO
If so, please state kind of work and percentage of fees.		%
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.....
.....
.....
(The professional liability of such independent firms is not covered under the proposed policy)		

8. Are you financially connected with the principal of the project &/or with contractor(s)?	YES	NO
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II. NATURE OF ACTIVITIES

1. In which of the following professions is your firm engaged?

- a. Civil engineering
- b. Structural engineering
- c. Mechanical engineering
- d. Electrical engineering
- e. Heating and ventilating engineering
- f. Chemical engineering
- g. Soil engineering
- h. Others, not shown.

Please specify

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2. In what type of projects is your firm specialized?
Please specify.
.....
.....
3. List some of the largest and typical jobs
performed by your firm during the last five years
(brief description including values and fees).
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.....
.....
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III. GENERAL QUESTIONS REGARDING THE PROJECT

1. Principal
.....
2. Main contractor / consortium
.....
3. Nature and purpose of project
.....
4. Location of project (place, country)
.....
5. Total contract value
How much of total sum refers to
building structure?
.....
6. Your fees
.....
.....

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IV. NATURE OF YOUR WORK/RESPONSIBILITY/PERIOD

1. Nature of your work
(detailed description including special techniques and hazardous factors)
2. Your responsibility (e.g. design &/or supervision)
3. Commencement & duration of your work
4. Commencement & duration of construction work
5. Probable date of handing over
6. Period of your liability/statutory limitation

V. TECHNICAL DETAILS

1. Soil conditions
2. Ground-water conditions
3. Nature of foundations

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VI . SURROUNDING PROPERTY

Please give description of the neighborhood of the site (details of existing buildings or surrounding property possibly affected by contract works such as excavation, underpinning, piling, vibration or ground-water lowering)

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VII. INSURANCE/CLAIMS EXPERIENCE

1. Are you protected by an annual professional indemnity insurance policy? **YES** **NO**

If so, please advise

a) insurance company

.....

b) limit of indemnity

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2. Number and amount of claims during last 5 years.

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VII. INDEMNITY REQUIRED

1. Limit any one accident

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2. Limit in the annual aggregate

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3. Deductible each and every claim to be borne by insured

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IX. SCOPE OF COVERAGE

- | | | | |
|----|---|------------|-----------|
| 1. | Design only | YES | NO |
| 2. | Supervision only | YES | NO |
| 3. | Design and supervision | YES | NO |
| 4. | Loss of documents | YES | NO |
| | Limit | | |
| 5. | Dishonesty of employees | YES | NO |
| | If so, please answer the following questions: | | |
| | a. Has the firm sustained any loss through the fraud or dishonesty of any employee? | YES | NO |
| | b. Is any employee allowed to sign cheques without countersignature by a partner? | YES | NO |
| | If so, up to what amount? | | |
| 6. | Libel and slander | YES | NO |

I/We declare that the statements and particulars in this proposal are true and that I/we have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any contract of insurance effected thereon

Signing this proposal form does not bind the proposer or underwriter to complete this insurance.

Dated this day of 20

For and on behalf of _____
(insert name of firm)

Signature of partner or principal _____

Please attach a brochure concerning your firm.