

**PROFESSIONAL INDEMNITY PROPOSAL FORM
(CONSULTING ENGINEERS AND ARCHITECTS)**

Professional Indemnity proposal form for Consulting Engineers and joint Practices of Architects and Consulting Engineers.

Please complete all of the questions in this proposal form in ink , continuing the answers on your headed note paper where there is insufficient space. A principal or partner of the Practice/Firm must sign and date this proposal.

If you have a brochure detailing your operations, please forward a copy with this application.

1. Title of the Practice/Firm
(including any former practice/firm for which cover is required)

2. Address of the practice /firm:
(If more than one, please state address and specify which partner/principal is responsible at each location)

3. Profession of the practice /firm:

4. a) Date on which the current practice/firm commenced :

b) Dates on which the previous practices/firms commenced and ceased:

5.

Name of all Partners/principals	Qualifications	date qualified	time as partner/principal of this practice

If you are a sole partner/principal, please complete the supplementary questionnaire.

6. Please state the total numbers of the following:

- a) Partners/Principals _____
- b) Qualified Engineers/Architects _____
- c) Other qualified staff _____
- d) Administrative/Clerical Staff _____
- e) Trainee Staff _____
- f) Others _____

7. Please State the gross fees received for each of the last five financial years, and the estimated gross fees for the next financial year :

Year	UAE Contracts (Dhs.)	Overseas Contracts (Dhs.)

Financial Year Ending (Month) : _____

8. Please state the gross fees received in the last financial year from each of the following categories :

	<u>UAE Contracts</u>	<u>Overseas Contracts</u>
a) Consulting Engineering		
i) Civil	-----	-----
ii) Structural	-----	-----
iii) Soil	-----	-----
iv) Mechanical	-----	-----
v) Heat & Ventilation	-----	-----
vi) Electrical	-----	-----
b) Architectural	-----	-----
c) Town Planning	-----	-----
d) Structural surveys/valuation/ inspection reports	-----	-----
e) Fees paid to specialist sub-consultants	-----	-----
TOTAL	-----	-----

9. If the practice/firm performs work outside the UAE or for clients outside the UAE, please state the countries involved.

10. Please state, for each of the following, the approximate percentage of the total work carried out in the last financial year. If the practice has not completed a financial year, please state the estimated percentage.

a) i) Bridges/Flyovers/Tunnels/Dams/Mines	i)	%
ii) Harbors/Jetties/Sea defenses	ii)	%
iii) Chemical/Petro Chemical/Refineries	iii)	%
iv) Nuclear/Atomic projects	iv)	%
v) Water/Sewerage Schemes	v)	%
vi) Hospitals/Universities/Schools	vi)	%
vii) Mechanical Plant	vii)	%
viii) Housing	viii)	%
ix) Factories	ix)	%
x) Feasibility Studies (no actual design by proposer)	x)	%
xi) Others (Please specify)	xi)	%
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b) i) Reinforced pre stressed concrete	i)	%

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|---|--------|
| ii) Industrialized Systems building | ii) % |
| iii) Government departments/loaded authority work | iii) % |
| iv) High Rise Building (10 storey or more) | iv) % |
| v) Soil Testing/Foundations/Underpilling/Pilling | v) % |
| vi) Restoration Work | vi) % |

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11. a) Please provide details of the five largest projects where construction has commenced in the last five years :

Start Date	Approx. completion date	Contract Value (DHS.)	Description of project

- b) Please provide details of five typical projects where construction has commenced in the last five years :

Start Date	Approx. completion date	Contract Value (DHS.)	Description of project

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12. Please provide details of any substantial changes and major projects being undertaken in the next twelve months.
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13. Please state the proportion of the work where the practice/firm designs and supervises construction:

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14. a) Does this practice/firm or any Partner/Principal have a financial interest or any association with any other practice, company or organization ? YES/NO

If YES, please provide full details :

- b) Is this practice/firm or any Partner/principal a member of a consortium ?
YES/NO

If YES. Please provide the names of the other members/partners , and details of their capacities in the consortium.

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15. Is this or any assorted practice, company or organization involved in any practice of manufacture or construction ? YES/NO

If YES, please provide full details :

16. a) Does this practice/firm currently hold Professional Indemnity Insurance ?
YES/NO

If YES, please state :

- i) Name of Insurers
- ii) Indemnity Limit
- iii) Policy Excess.
- iv) Date of expiry of policy.

- b) If the practice/firm has not been Insured from the inception, please advise the number of years continuously Insured to date:

c) Has any Insurer ever :

- i) Declined to offer Insurance for this practice/firm or any partner/principal? YES/NO
- ii) Imposed any special terms? YES/NO
- iii) Canceled or voided and Insurance policy ? YES/NO

If YES, please provide full details :

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17. Please give very careful consideration to the following two questions. It is absolutely essential that these questions are answered correctly, and failure to do so could well prejudice your rights.

a) Have any claims for professional negligence, error or omission been made against this practice/firm or any of its present or former Partners/Principals whilst acting at this or any other Practice/Firm during the last ten years ? YES/NO

If YES, please provide full details, including the amounts involved.

b) Are any of the Partners/Principals or employees AFTER FULL INQUIRY, aware of any circumstances which may give rise to a claim against this Practice/Firm or their predecessors in business or any of the present or former Partners/Principals. YES/NO

If YES, please provide full details, including the potential amounts involved.

18. a) Please, indicate the level of Indemnity required :

b) Please indicate whether you require a quotation for :

i) Libel & Slander	YES/NO
ii) Loss of documents	YES/NO
iii) Dishonesty of Employees	YES/NO

I/We declared that AFTER INQUIRY the statements and particulars in this proposal are true and that I/We have not mis-stated or suppressed any material facts.

I/We agree that this proposal, together with any other information supplied by me/us shall be the basis of any contract of insurance effected thereon.

I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the contract of insurance.

Date this _____ day of _____ 20 _____

Signature of Partner or Principal

Signing this proposed form does not bind either the proposer or underwriters to complete a contract of insurance.

A copy of this proposal should be retained by you for your records.