



ASE INSURANCE AGENCY (UK) LTD

**PROFESSIONAL INDEMNITY
INSURANCE**

**INSURANCE PROPOSAL FORM
FOR ARCHITECTS**

ADVICE ON COMPLETING THE PROPOSAL FORM

To allow us sufficient time to time negotiate with Insurers, please ensure you return this proposal form as soon as possible. It is essential that you allow sufficient time to complete the proposal form and provide accurate information.

DEFINITIONS OF TERMS USED IN THIS PROPOSAL FORM

- 'Principal' means: Any Partner(s), Director(s), Member(s)
- 'Employee' means: Any person who is or has been under a contract of service for or on behalf of the Firm.
- 'Senior Management' means, in accordance with the Insurance Act 2015: those individuals who play significant roles in the making of decisions about how the Insured's activities are to be managed or organised. Under Section 4 of the Insurance Act 2015 an Insured must disclose all material circumstances known to its 'senior management' and those persons responsible for the Insured's insurance.

DUTY OF FAIR PRESENTATION

Under English law, 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, 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 judgment in determining whether to take the 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;
- 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 renewed; 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.

GENERAL INSTRUCTIONS RELATING TO COMPLETION OF THE FORM

- Please ensure this proposal form is completed by a Principal of the business.
- A response to all questions must be entered. Where a question is not relevant to your business, please respond N/A.
- If the proposal form is completed by just one of the Principals, please ensure that full consultation is made with the Senior Management, prior to submission of this form and that they, in turn, have consulted those for whom they are responsible.
- If you have completed the form electronically, please print and sign it before returning it to us, either electronically or by post.
- If there is insufficient space to answer any questions please provide full details on your headed paper. Please ensure that any additional information is signed, dated and makes clear reference to the question(s) on the Proposal Form, to which it refers.
- Depending upon the qualifications and/or experience of the Principal(s), Insurers reserve the right to request a Curriculum Vitae and details of any circumstances or claims pertaining, in the past 5 years, irrespective of whether they were employed by the business at the time.
- Completion of this proposal form does not automatically bind the Principal, the Firm or Insurers to effect a contract of insurance.
- A copy of this proposal should be retained for your own records.

CLAIMS AND CIRCUMSTANCES

Whilst every question on the proposal form is important and constitutes material information upon which Insurers rely, Insurers will be particularly interested in your history of claims and/or circumstances.

In order to ensure that all notifiable matters are declared, the recommended practice would be for each Principal including all members of the Senior Management and other senior members of staff to sign a declaration to the effect that he/she has investigated the areas for which he/she is responsible and can confirm that there are no claims or circumstances other than those declared in the proposal form.

After completion of the proposal form and prior to the expiry of the firm's current insurance, a check should be undertaken within the Business to ensure that there are no claims or circumstances of which anyone is aware other than those already notified in the proposal form.

If any new matters are discovered, these should be immediately notified to ASE Insurance Agency if we are your current Broker. If we are not your current Broker, then you should notify your current Broker/Insurers and ASE. Such notifications should reach your current Broker/Insurers and ASE Insurance Agency prior to the expiry date of the firm's current insurance.

CONTACT US

Your completed proposal form can either be emailed or posted to us using the contact details below. Please retain a copy for your own records. Please do not hesitate to contact us if you have any questions.

ASE Insurance Agency (UK) Ltd
The Old Post Office
2 Mill Road
Maldon
Essex CM9 5HZ
01621 851 916
asecontact@aseinsurance.co.uk

10	<p>Has any Principal been personally involved in a Claim/Circumstance either whilst working on his/her own account or for a practice/firm other than detailed in Question 1 regardless of when the claim/circumstance occurred? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If 'YES' please give or attach full details</p>																											
11	<p>Have you previously held or do you now hold a Professional Indemnity Policy? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If 'YES' please state:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">(a) Indemnity Limit</td> <td style="width: 50%; border: none;">(b) Identity of Insurers</td> </tr> <tr> <td style="border: none;">(c) Expiry of Cover</td> <td style="border: none;">(d) Policy Excess</td> </tr> <tr> <td style="border: none;">(e) Period continuously insured</td> <td style="border: none;"></td> </tr> </table>	(a) Indemnity Limit	(b) Identity of Insurers	(c) Expiry of Cover	(d) Policy Excess	(e) Period continuously insured																						
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12	<p>Has any Insurer:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">(a) Declined a proposal for this practice or any Principal?</td> <td style="width: 20%; text-align: right;">Yes <input type="checkbox"/> / No <input type="checkbox"/></td> </tr> <tr> <td>(b) Declined to offer renewal terms?</td> <td style="text-align: right;">Yes <input type="checkbox"/> / No <input type="checkbox"/></td> </tr> <tr> <td>(c) Cancelled or voided a Policy?</td> <td style="text-align: right;">Yes <input type="checkbox"/> / No <input type="checkbox"/></td> </tr> <tr> <td>(d) Required a special premium increase or special terms?</td> <td style="text-align: right;">Yes <input type="checkbox"/> / No <input type="checkbox"/></td> </tr> </table> <p>If 'YES' please give or attach full details</p>	(a) Declined a proposal for this practice or any Principal?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	(b) Declined to offer renewal terms?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	(c) Cancelled or voided a Policy?	Yes <input type="checkbox"/> / No <input type="checkbox"/>	(d) Required a special premium increase or special terms?	Yes <input type="checkbox"/> / No <input type="checkbox"/>																			
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13	<p>Does or has the Proposer or any of its Principals act or acted in any capacity other than those mentioned in answer to Question 3 or have they or any of them any association or financial interest in any Company or Practice? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If 'YES' give full details including whether such third parties are associated with any process of manufacture, erection, supply or any form of contracting which are involved on any project or projects which include the Proposer.</p>																											
14	<p>(a) Does the Proposer participate in contracts where there is an involvement outside the United Kingdom? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If 'YES' please state:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th rowspan="2" style="width: 15%;">Starting Date</th> <th rowspan="2" style="width: 15%;">Completion Date</th> <th rowspan="2" style="width: 15%;">Total Value of Contract</th> <th colspan="3" style="text-align: center;">Details of Contract</th> </tr> <tr> <th style="width: 30%;">Name of Client</th> <th style="width: 15%;">Location</th> <th style="width: 25%;">Services Provided</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Starting Date	Completion Date	Total Value of Contract	Details of Contract			Name of Client	Location	Services Provided																		
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15	<p>Does the Proposer require the Insurers to undertake liabilities other than under U.K. jurisdiction? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If 'YES' please give or attach full details</p>																											

16	<p>Does the Proposer undertake contracts without remuneration?</p> <p style="text-align: right;">Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If 'YES' please give or attach full details</p>																																		
17	<p>Is the Proposer or any Principal a member of a consortium or group practice?</p> <p style="text-align: right;">Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If 'YES' give the names of other members and their capacities in the consortium</p>																																		
18	<p>Please state main types of work together with approximate percentages of total commissions undertaken in the past five years</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 80%;">One-off New House</td><td style="text-align: right;">_____ %</td></tr> <tr><td>House extension, conversion, alteration</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Other Private Housing</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Offices</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Retail</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Sports and Leisure</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Culture and Entertainment</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Industrial</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Health</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Schools and Colleges</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Universities</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Public Housing (incl. Social Housing)</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Transport</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Mixed</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Other Private</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Other Public</td><td style="text-align: right;">_____ %</td></tr> <tr><td>Miscellaneous</td><td style="text-align: right;">_____ %</td></tr> </table> <p>(please provide details of Miscellaneous on a separate sheet)</p>	One-off New House	_____ %	House extension, conversion, alteration	_____ %	Other Private Housing	_____ %	Offices	_____ %	Retail	_____ %	Sports and Leisure	_____ %	Culture and Entertainment	_____ %	Industrial	_____ %	Health	_____ %	Schools and Colleges	_____ %	Universities	_____ %	Public Housing (incl. Social Housing)	_____ %	Transport	_____ %	Mixed	_____ %	Other Private	_____ %	Other Public	_____ %	Miscellaneous	_____ %
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20	<p>Does the Proposer engage in any construction, erection or supply of materials?</p> <p style="text-align: right;">Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If 'YES' please give or attach full details</p>																																		
21	<p>Percentage of work where the Proposer supplies Feasibility Studies, Reports, Surveys etc (where no actual design work is involved) _____ %</p>																																		
22	<p>(a) Has the Proposer / does the Proposer expect in the next year to be appointed as the Principal Designer under the revised (April 2015) CDM Regulations?</p> <p>If YES, please detail on a separate sheet:-</p> <ol style="list-style-type: none"> 1. the relevant experience and training of the personnel involved 2. the systems employed by the Proposer to monitor the work <p style="text-align: right;">Yes <input type="checkbox"/> / No <input type="checkbox"/></p>																																		

		<p>(b) Has the Proposer / does the Proposer intend to appoint any third party to undertake the role on their behalf? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If YES, what procedures are used / will be used to assess their suitability?</p>																								
23		<p>Have you been, or do you intend to be, involved in any contracts involving basements? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><i>Basements are defined as "the floor or floors of a building that are partly of entirely below ground level."</i></p> <p>If YES then Insurers will require the supplementary basement questionnaire to be completed</p>																								
24		<p>Since year 2000 have you undertaken any contracts where you have been involved in / responsible for the specification, selection, design, installation, certification of cladding / cladding systems / rainscreen systems or the project management of work that included cladding / cladding systems / rainscreen systems specified, selected, designed, installed or certified by a third party? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If YES then Insurers will require the supplementary cladding questionnaire to be completed</p>																								
25		<p>(a) When Independent or Specialist Consultants are required for any commission, have you in the past ensured, and will you in the future endeavour to ensure, that such Consultants are appointed directly by and paid by your client?</p> <p style="margin-left: 20px;">(i) In the past Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p style="margin-left: 20px;">(ii) In the future Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>(b) If you are responsible for the appointment of Specialist Consultants:-</p> <p style="margin-left: 20px;">(i) Do you always check that such Specialist Consultants have their own Professional Indemnity cover Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p style="margin-left: 40px;">If 'YES' what minimum level of cover do you require them to hold £</p> <p style="margin-left: 20px;">(ii) Do you maintain a register of the names of Consultants and their PI limits Yes <input type="checkbox"/> / No <input type="checkbox"/></p>																								
26		<p>(a)Details of your gross fees earned for the past five years, including fees paid to sub-consultants:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 25%;">Period Ending</th> <th style="width: 25%;">UK Contracts</th> <th style="width: 25%;">Overseas Contracts</th> <th style="width: 25%;">Total</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> </tr> <tr> <td></td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> </tr> <tr> <td></td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> </tr> <tr> <td></td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> </tr> <tr> <td></td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> <td style="text-align: center;">£</td> </tr> </tbody> </table> <p style="margin-top: 10px;">Further Information</p>	Period Ending	UK Contracts	Overseas Contracts	Total		£	£	£		£	£	£		£	£	£		£	£	£		£	£	£
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- (b) Percentage of gross fees earned in the last year shown above from the following work:
- (1) Architectural work stages 0 to 2 (Strategic Definition to Concept Design only) _____ %
 - (2) Architectural work stages up to stage 7 – New Build (Strategic Definition to In Use) _____ %
 - (3) Architectural work stages up to stage 7 – Refurbishment (Strategic Definition to In Use) _____ %
 - (4) Interior Design (non-structural) _____ %
 - (5) Interior Design (structural) _____ %
 - (6) Landscape / Garden Architecture _____ %
 - (7) Town Planning _____ %
 - (8) Feasibility Studies _____ %
 - (9) Quantity Surveying _____ %
 - (10) Building Surveying _____ %
 - (11) Other Surveys _____ %
 - (12) Planning Supervision _____ %
 - (13) Principal Designers Role under CDM 2015 _____ %
 - (14) Project Co-ordination _____ %
 - (15) Project Management (responsible for the appointment of other professionals) _____ %
 - (16) Expert Witness Work _____ %
 - (17) Aborted Projects _____ %
 - (18) Fees paid to independent consultants _____ %
 - (19) Other Work (please give details on a separate sheet) _____ %
- TOTAL 100 %

(c) Estimated Gross Fees for the coming year £ _____

27 Total Certified Building Values in the past twelve months £ _____

28 Give details of the five largest contracts undertaken within the last 5 years or, for a new Company/Practice, expected in the coming year:

Starting Date	Completion Date	Total Value of Contract	Details of Contract		
			Name of Client	Location	Services Provided

29 Please give details of the three largest new operations being undertaken in the next 12 months:

Starting Date	Completion Date	Total Value of Contract	Details of Contract		
			Name of Client	Location	Services Provided

30 (a) What Limit of Indemnity do you now require? Please indicate by ticking the box(es) below:

£250,000 £500,000 £1,000,000 £5,000,000 Other (please specify)

	<p>(b) An excess of at least £500 to £1,000 will normally be a requirement of this insurance. However, a reduction in premium may be available if you are prepared to accept a higher, voluntary excess (each and every claim). If you are prepared to consider this, please state the amount of the excess</p> <p style="text-align: center;"> £500 £1000 £2500 £5000 Other (please specify) </p> <p style="text-align: center;">£</p>
31	<p>Are there any special submissions to which the Proposer wishes to draw the attention of Underwriters or any other information in your possession or to your knowledge material to an estimate of the risk to be insured? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>If 'YES' please give or attach full details</p>
32	<p>I/we confirm that I/we have read and understood 'DUTY OF FAIR PRESENTATION' on page 2 of this proposal form and I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we now or ought to know</p> <p style="text-align: center;"> Date Principle Signature </p> <p style="text-align: center;"> Email Principle Name </p> <p>IT IS SUGGESTED YOU TAKE A COPY OF THIS PROPOSAL FORM WHEN COMPLETE FOR YOUR RECORDS. PLEASE ATTACH A BROCHURE IF ONE IS AVAILABLE. IF THIS APPLICATION IS FOR A NEWLY ESTABLISHED PRACTICE OR PROPOSED PRACTICE OR COMPANY, PLEASE FORWARD A CURRICULUM VITAE FOR EACH PRINCIPAL.</p>

If you are unable to digitally sign this document, please print and hand sign this page only and send with the completed proposal form

SUPPLEMENTARY BASEMENT QUESTIONNAIRE

ONLY TO BE COMPLETED IF ANSWER TO Q23 IS 'YES'

Please complete below in respect of any past or anticipated contracts that include basements.

Basements are defined as "the floor or floors of a building that are partly or entirely below ground level."

<i>Contract</i>	<i>Location</i>	<i>Date</i>	<i>Type/Use</i>	<i>Completed Yes / No</i>	<i>New Build basement or under existing building?</i>	<i>Total Contract Value</i>	<i>Services/Role/Responsibilities</i>	<i>Are any structural / waterproofing / damp proofing elements undertaken by third party specialists? If so are contract terms back to back and covered by third party PI insurance?</i>	<i>Are you responsible for any third party specialists or are these appointed directly by the client?</i>	<i>Comments</i>
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SUPPLEMENTARY CLADDING QUESTIONNAIRE

ONLY TO BE COMPLETED IF ANSWER TO Q24 IS 'YES'

1. Since year 2000, has the Proposer undertaken any contracts where they have been involved in / responsible for the specification, selection, design, installation, certification of cladding / cladding systems / rainscreen systems or the project management of work that included cladding / cladding systems / rainscreen systems specified, selected, designed, installed or certified by a third party?

Yes / No

If yes, please answer Questions 2-4

2. Are any of these contracts in respect of multiple occupancy residential and/or mixed use development and/or public buildings (refer definition below)?

Yes / No

3. Are any of these contracts in excess of 18m in height?

Yes / No

4. Did any of the contracts include the use of ACM/P (Aluminium Composite Materials/Panels), ZCM/P (Zinc Composite Materials/Panels), HPL (High Pressure Laminates) or ventilated rainscreen systems incorporating PIR (Polyisocyanurate) or PUR (Polyurethane rigid foam) external wall insulation?

Yes / No

If yes to question 2 or 3 and 4, please complete the contract details section of this Questionnaire

DEFINITION OF PUBLIC BUILDINGS

Public buildings shall include, but are not limited to, hospitals, care homes, multiple occupancy residential, schools, universities, stadia, hotels and mixed use developments.

N.B. Please sign and date the third page of this Supplementary Questionnaire if completed in any way.

CONTRACT DETAILS

<i>Contract</i>	<i>Location</i>	<i>Date</i>	<i>Type/Use</i>	<i>Number of Storeys</i>	<i>New Build or Refurbishment</i>	<i>Total Contract Value</i>	<i>Services Provided</i>	<i>Any element of the works contracted to third party companies? If so are contract terms back to back and covered by third party PI insurance?</i>	<i>Has the cladding or rainscreen system been subject to any subsequent BRE fire safety test (as listed below)? If so, which test(s) and did they pass?</i>	<i>Comments</i>
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TESTS

Test 1

ACM with polyethylene filler and foam insulation with fire breaks and cavity barriers in place.

Test 2

ACM with polyethylene filler with stone wool insulation.

Test 3

ACM with fire retardant polyethylene filler and PIR foam insulation.

Test 4

ACM with fire resistant polyethylene filler and stone wool insulation.

Test 5

ACM with limited combustibility filler and PIR foam insulation.

Test 6

ACM with fire retardant polyethylene filler and phenolic foam insulation.

Test 7

ACM with limited combustibility filler and stone wool insulation.

Signature:

Name:

Position:

Date:
