

Proposal Form for Architects and Engineers

Professional Indemnity Form For Architects And Engineers

1. Please answer all questions, wherever applicable fully
2. You are to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, otherwise the Policy issued hereunder may be void.

Section A - General Information

1. Name of firm:

.....

2. Address (if more than one, please give each address and indicate partner or principal responsible at each address):

.....

3. When was firm established?

.....

4. Has the name of the firm been changed, any other business purchased or any merger or consolidation taken place during the past five years?

Yes

No

If "yes", please give details:

.....

5. What professional association, if any, does your firm belong to?

.....

6. Does the firm engage in or any partners or principals have any interest in any business which engages in any process of manufacture, construction, erection, supply, or any other form of contracting?

Yes

No

If "yes", please give details:

.....

7. When engaging independent or specialist consultants in connection with any contract, does the firm ensure that such consultants have entered into a binding contract with the principal, accepting full responsibility for their own professional acts, errors or omissions?

Yes No

If "No", does the firm ensure that such consultants carry professional liability insurance with adequate limits (not less than those carried by your firm?)

Yes No

8. Is the firm or any partner or principal a member of a consortium / joint venture? (The insurance to be provided excludes any work which the firm carries out as a member of a consortium / joint venture.)

Yes No

If "yes", please complete the following:

Name of project	Duration	Total construction values	Estimated Total Fees	Proposer's proportion in %

9. What are the dates of your firm's financial year?

From To

10. What are the construction values and gross fees for the following:

	12 months prior (Audited)	12 months expiring	Estimate next 12 months
Domestic activities			
Construction values
Gross fees (whether Collected or not)
Foreign activities			
Construction values
Gross fees (whether Collected or not)
Countries

11. Does anyone contract or client represent more than 50% of annual fees?

Yes No

If "yes", please give details:

.....

12. Which of the following professions in the firm fully or partly engaged in?

Indicate the approximate percentage derived from those activities.

		Approximate percentage (if none, state "NONE")
a) Aerospace Engineering		
b) Architecture		
c) Chemical Engineering		
d) Civil Engineering		
e) Electrical Engineering		
f) Heating and Ventilation Engineering		
g) Land Surveying		
h) Mechanical Engineering		
i) Nuclear Engineering		
j) Quantity surveying		
k) Soil Engineering		
l) Structural Engineering		
m) Others (please specify)		
	Total:	100%

13. Indicate the approximate percentage of total work involving:

a) Feasibility studies, reports, surveys, etc. (where the firm is not involved in actual design work)

.....%

b) Design work without construction supervision

.....%

c) Both design and supervision of construction

.....%

d) Supervision of construction from design made by other firms

.....%

14. Does the firm engage in contracts involving any of the following types of work?

Indicate the approximate percentages of total gross fees derived from such work in the current financial year:

	Yes	No	%
a) Bridges			
b) Roads			
c) Tunnels			
d) Dams			
e) Mines			
f) Harbors and jetties			
g) Sewage schemes			
h) Foundations and Underpinning			
i) Soil Testing			
j) Water Schemes			
k) Nuclear or Atomic projects			
l) Fertilizer, Ammonia or Urea plants			
m) Industrial systems buildings			

	Yes	No	%
n) Restoration work			
o) High rise buildings (over 10 stories)			
p) Heating, ventilation, air -conditioning			
q) Chemicals, Petrochemicals & Refineries			
r) Mechanical plant & bulk handling equipment (including silos, etc.)			
s) Work involving any of the following (underline which): Armories, Auditoriums, Stadiums, Churches, Concert halls, Night clubs, Race Tracks, Restaurants, Theatres, Sports Arenas, Dance Halls, Exhibition buildings			
t) Hospitals			
u) Other work involving any special activity not shown above. Please specify			

15. List the five largest typical jobs executed in last five years:

Description	Location	Value	Fees Received

Section B - Personnel

16. Practicing partners or principals:

Name	Qualifications and date qualified	How long practicing with this firm / previous firm

17. Former, retired or deceased partners:

Name	Date of joining firm	Date of leaving firm

18.Total number of practicing partners, principals and staff:

a) Partners / principals/ executives	
b) Other qualified architects	
c) Other qualified engineers	
d) Other qualified surveyors	
e) Draftspersons	
f) Other qualified staff (specify)	
g) Trainee staff (specify)	
h) Typists, telephonists, receptionists, office boys and messengers	
	Total:

19. Have any of those listed in question (16) ever been subject to disciplinary action by authorities as a result of their professional activities?

YES NO

If "yes", please give details:

.....

Section C – Insurance Requirements

20. What amount of indemnity is required? (in the alternative if required)

- A)
- B)
- C)

21.What deductible amount would the firm be willing to carry in respect of each claim? (A minimum deductible is required depending on the size of the firm and indemnity selected)

- A)
- B)
- C)

Section D – Previous coverage

22. Has the firm in the past been insured for professional liability risks?

YES NO

If "Yes", please state the following:

- a) Date of first insurance
- b) Name of first insurer
- c) Deductible borne by firm
- d) Amount of indemnity
- e) Expiry date of policy

Is the firm at present insured for professional liability risks?

YES NO

If "Yes", please state the following:

- a) Name of insurer
- b) Deductible borne by firm
- c) Amount of indemnity
- d) Expiry date of policy
- e) Premium paid

Has insurance cover between date of first cover and present application been interrupted?

YES NO

If "Yes", please give details:

.....

23. Has an application for insurance on behalf of the firm or their predecessors in business or any of the present partners or principals been declined or has any such insurance been cancelled or renewal refused or have special terms imposed?

YES NO

If "Yes", please give details:

.....

24. Have any claims been made against negligence alleged against the firm or their predecessors in business of any of the present or former partners or principals?

YES NO

If "Yes", please state the cause and nature of all claims including the amount involved, names of the partner and claimant involved, the date when the claim was made, the date the act giving rise to the claim was committed and the final disposition:

.....

.....

25. Are the partners or principals, after enquiry, aware of any circumstances which may result in any claim being made against the firm, its predecessors in business or any of its present or former partners or principals?

YES NO

If "Yes", please give details:

.....

.....

PAYMENT OF PREMIUMS

I intend to pay the premium to be notified to me according to the dates mentioned in the relevant premium payment clause as follows:

- Through Direct Debit from my Bank Account No.
with the Bank
- Debit Card No. Expiry Date:/...../.....
- Cash-Cheque
- with Automatic Standing Order (Direct Debit) from my Account Number
with the Bank
- Through our website www.progressiveic.com

DECLARATION

I declare that the above statements and details are true and that no material information has been concealed, altered or presented inaccurately. I also agree that this proposal shall be fully binding for me and shall be the basis for my insurance policy between me and PROGRESSIVE INSURANCE COMPANY LTD

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.

I / We undertake to inform the company of any material alteration to these facts whether occurring before or after completion of the contract of insurance.

For and on behalf of (Insert name of firm):

Signature of principal / partner:

Name of signatory: Date.....

The General Data Protection Regulation (GDPR) sets out the principles followed by Progressive Insurance Company Ltd. ("Progressive") when processing your personal data, as it pertains to all services rendered by Progressive, including your insurance.

The intent for which Progressive collects, processes and retains your personal data throughout the term of your relationship with us as a customer or prospect customer correlates with insurance policies issued for you, and you as a prospective customer.

Our records may include both sensitive and non-sensitive personal data of yours.

We obtained content of our records either directly from you, or via relevant documents, agents, and interviews submitted or executed during the insurance application process with your conveyed consent. The records will be periodically updated in the same manner as they have been collected.

Your personal data is stored on our servers located in Cyprus, controlled by our staff. We have security measures in place which ensure the confidentiality of the information contained in the database and these security measures are subject to continuous review and upgrade.

CONSENT

Having read the above information I confirm that the above information is clear to me and that:
I voluntarily consent to Progressive for the collection, processing, and retention of my personal data as a prospective customer or insured customer or for processing of claims related to my insurance;

I consent that Progressive may transfer my personal data without restriction to process my policy and/or to process related claims, if any; and

I confirm that I have been informed and understand my rights to: access and adjust personal data, file a written, motivated request to cease processing or objection against processing of personal data, and withdraw a consent at any time by submitting written withdrawal to the Data Protection Officer or by email to customercare@progressiveic.com

I would like to be informed about services offered by Progressive either by email or text (sms) to my mobile phone.

.....

Signature

.....

Date

INSURANCE AGENT / INTERMEDIARY / EMPLOYEE DECLARATION

I (Insurance Agent / Intermediary / Employee) from I declare that I have not failed to provide the person concerned with any essential information regarding the insurance contract and that:

a. I am the holder or authorized employee of an Insurance Agent / Intermediary with a Certificate of Registration No issued by the Superintendent of Insurance Office

b. I am an authorized employee of the Insurance Company.

.....

Signature

.....

Date