

INSURANCE PROPOSAL FORM
SINGLE PROJECT
PROFESSIONAL INDEMNITY APPLICATION FORM

Completing the Proposal Form
Please answer all questions in full leaving no blank spaces.
If you have insufficient space to complete any of your answer please attach a separate signed and dated sheet and identify the question number concerned

NOTICE TO THE PROPOSED INSURED

1. Disclosure of Relevant Facts

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Warning: Be aware of your duty of disclosure pursuant to Section 25(5) of the Insurance Act (CAP 142).

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.



IMPORTANT

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick ✓ the appropriate box to indicate answer.
- The applicant will be referred to in this proposal as "You" or "Your".

B. DETAILS OF APPLICANT

1. Full name of the applicant and their relationship to the client in respect of this project (eg head or principal contractor):

.....

2. Please list EACH Practice in the design and consulting team.

Full Name and Address of Head or Principal Office	Date Established	Activity or Business	Cover Required [Yes/No]
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.....
.....
.....
.....

3. Please supply the following details in respect of EACH engineer, architect and surveyor in the design and consulting team.

Names of Engineers, Architects and Surveyors	Age	Qualifications	Date Qualified
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.....
.....
.....
.....

C. DETAILS OF PROJECT

1. 1.1 Please provide details of the Project to be insured.

- (a) title of Project
.....
- (b) location
.....
- (c) estimated contract value
.....
- (d) estimated gross fee income to be received by the design and consulting team
- (e) brief description of project and type of contract (including number of buildings):
.....



2. Please complete the time chart below

2.1 Pre-Design Phase

Pre-Design Phase (Including Feasibility Studies)			
From	To	Fees (\$)	Contract Value (\$) (If Applicable)
.....

2.2 Design Phase.

Design Phase			
From	To	Fees (\$)	Contract Value (\$) (If Applicable)
.....

2.3 Construction Phase.

Construction Phase			
From	To	Fees (\$)	Contract Value (\$) (If Applicable)
.....

2.4 Maintenance Phase.

Maintenance Phase			
From	To	Fees	Contract Value (If Applicable)
.....

3. Do you engage in any

(i) actual construction? YES NO

If YES, please provide full details (e.g. values and detail of work)

.....

(ii) actual product manufacturing? YES NO

If YES, please provide full details (e.g. values and detail of work)

.....

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- (d) Geotechnical services YES NO
- (e) Design criteria YES NO
- (f) Working drawings YES NO
- (g) Flow sheets YES NO
- (h) Drafting contract conditions YES NO
- (i) Quantity estimates YES NO
- (j) Instructions to Tenderers YES NO
- (k) Tender adjudication YES NO
- (l) Approval of detailed design / drawings YES NO
- (m) Co-ordination / expediting YES NO
- (n) Quality control and assurance YES NO
- (o) Arranging site insurance YES NO
- (p) Inspection of installation work YES NO
- (q) Measurement YES NO
- (r) Authorising progress payments YES NO
- (s) Administrating retention fund YES NO
- (t) Supervision of commissioning YES NO
- (u) Issuing variation orders YES NO
- (v) Settling contractual claims YES NO
- (w) Certifying final payment / completion YES NO
- (x) Agreeing clearing, forwarding and customs dues YES NO
- Other (please specify) : YES NO

Note: The policy does not provide cover for claims arising out of the supervisory activities which under a traditional form of contract would be the responsibility of the contractor and not the professional team.

D. CLAIMS DETAILS

1. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against the applicant or any Practice to be covered or have circumstances been notified to insurers that might give rise to a claim? YES NO
If YES, please supply the following details in respect to each matter.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or outstanding?
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.....
.....
.....

2. Is the Applicant or any Practice to be covered. AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against the Applicant or any Practice to be covered which matter is not referred to in Question 1 above? YES NO



If YES, please provide the following details in respect of each matter.

Name of Claimant or Potential Claimant	Brief description of the Matter	Estimate of Potential Liability
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.....
.....

3. Is the Applicant or any Practice to be covered, AFTER ENQUIRY, aware of any claim or circumstance that might give rise to a claim in respect of this Project? YES NO

If YES, please provide full details.

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E. Insurance Cover

(a) Does the Applicant or any Practice to be covered presently carry, or have they ever carried Professional Indemnity Insurance? Yes No

If Yes, please supply details:

Name of Practice	Name of Insurer	Limit of Indemnity	Amount of Deductible/Excess	Expiry Date

(b) Has the Applicant or any Practice to be covered ever been refused Professional Indemnity insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? Yes No

If Yes, please supply details.

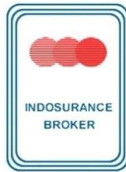
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F. APPLICATION FOR COVER

- 1. 1.1 Limit of Indemnity required:
- 1.2 Deductible/excess requested: (each and every claim)

When submitting this application, please remember to enclose a copy of:

- 1. Extract of the your contractual Scope of Work for this Project
- 2. CONCEPTUAL DESIGN DRAWINGS



DECLARATION

The Undersigned authorized officer of the Principal Organization declares that to the best knowledge and belief the statements set forth herein are true, and immediate notice will be given should any of the above information alter between the date of this proposal and the proposed date of inception of this insurance. Although the signing of the Proposal Form does not bind the undersigned on behalf of the directors and officers of the Principal Organization, to effect insurance, the undersigned agrees that this form and the said statements herein shall be on the basis of and will be incorporated in the Policy should one be issued.

The undersigned, on behalf of the directors and officers of the Principal Organization, acknowledge that the Statutory Notice contained herein has been read and understood.

Signed

_____ Date _____

Title

_____ *Chairman of the Board or Managing Director Only*

IMPORTANT

You are to disclose in this proposal form, fully and faithfully all facts you know or ought to know, otherwise the Policy hereunder may be void.