

# Professional Indemnity Insurance for Architects

## ArchisURE Proposal Form – Quotation Only

1. Title of firm(s) including previous trading name(s) for which insurance cover is sought and when the firm(s) was/were established:

In the case of Partnership(s) please provide a list of Partners on a practice letterhead and attach.

2. Profession of firm(s):

3. Principals Name:		Age:	
Qualifications:		Date qualified:	
How long have you been a Partner/Principal of the firm:			
Principal Address:			
		Postcode:	
Telephone Number:	Fax Number:		
Email Address:	Website Address:		

4. Number of staff split between:	
a) Partners, Directors or Principals:	
b) Architects:	
c) Other Qualified Staff:	
d) Trainee Technical Staff:	
e) Other – including contacts staff, administration & support (please breakdown by type if more than one):	

5. Is the firm or any partner, director or principal a member of a consortium, joint venture, single project partnership or group practice?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

If 'YES', please give details:

6. Has the firm undertaken any work whatsoever where the end product of such work is overseas?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>

If 'YES', please give details (including location, type, size of project and start/completion date):

7. a) Please state the 5 largest contracts where construction has commenced during the past 6 years:

Country	Starting date	Type of project	Name of contract	Total contract value	Firms fees for contract	Approx completion date
1.						
2.						
3.						
4.						
5.						

7. b) Please give details of the three largest new projects where construction is likely to commence in the coming 12 months:

Country	Starting date	Type of project	Name of contract	Total contract value	Firms fees for contract	Approx completion date
1.						
2.						
3.						

8. a) Please give gross fees received during the past 3 years, (including the past 12 months):

Financial year end	UK	Overseas
1.	£	£
2.	£	£
3.	£	£

b) Estimated gross fees for coming 12 months:

UK	£	Overseas	£

9. Please give the split of gross fees received in the last complete financial year which ended on: / /

Total building values certified during the past 12 months:	£

		United Kingdom Contracts	Overseas Contracts
i)	Architectural services as defined in work stages C-L of RIBA Architects Appointment	£	£
ii)	Town planning/Consultancy	£	£
iii)	Feasibility Studies	£	£
iv)	Interior Design	£	£
v)	Landscape	£	£
vi)	Non structural refurbishment	£	£
vii)	Structural surveys/Reports/Valuations	£	£
viii)	Building Surveying	£	£
ix)	Quantity surveying and Surveying not listed above	£	£
x)	Consulting Engineers	£	£
xi)	Planning supervisor	£	£
xii)	Adjudicator/Arbitrator	£	£
xiii)	Expert Witness	£	£
xiv)	Any work other than listed above, please give full details		
		£	£
	Total Gross Fees received	£	£
xv)	Identify any of the above fees paid by you to any independent specialist consultants and attach a list of profession(s)	£	£
xvi)	Identify any of the above fees which arise from Abortive or held over work where there is no likelihood of any future construction	£	£
xvii)	What percentage of the gross fees as shown in (i) involve Site Supervision/Inspection	%	%

10. Has the firm previously been insured for Professional Indemnity? Yes  No

If 'YES', please provide the following details:

Name of Insurer	Indemnity Limit	Excess	Premium	Date of Expiry

**11.** Please give the approximate percentage of the firm's work carried out during the last complete financial year, applicable to the following:

		Public % (if none, state 'none')	Private % (if none, state 'none')
i)	Schools	%	%
ii)	Universities	%	%
iii)	Individual housing	%	%
iv)	Multiple housing	%	%
v)	Housing associations	%	%
vi)	Ecclesiastical	%	%
vii)	Commercial	%	%
viii)	Industrial	%	%
ix)	Restoration work	%	%
x)	Others (please specify)	%	%
	Total	%	%

**12.** Has any previous insurer ever:

a) Declined a proposal or renewal for the firm(s) or any partner, director or principal? Yes   
No

b) Cancelled or voided an insurance? Yes   
No

If any answer 'YES', please give full details:  
 \_\_\_\_\_  
 \_\_\_\_\_

**13.** After enquiry have any Professional Indemnity Claims been made against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partner(s), director(s) or principal(s), either individually or otherwise, whether successful or not within the past ten years?

Yes   
No

If 'YES', please give full details:  
 \_\_\_\_\_  
 \_\_\_\_\_

**14.** After enquiry are any of the partners, directors or principals aware of any pending and/or circumstances existing which may give rise to a claim against the firm(s) and/or predecessors of the firm(s) and/or your current and/or retired partner(s), director(s) or principal(s)?

Yes   
No

If 'YES' please provide full details:  
 \_\_\_\_\_  
 \_\_\_\_\_

**15.** a) What limit(s) of indemnity do you require a quotation for?

£

b) What excess are you prepared to carry?

£

I declare that the above statements are true, I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application. I further agree that this declaration, together with any other information provided, shall be the basis of any contract between me and the Insurer.

<b>Print Name:</b>	
<b>Signature:</b>	(authorised individual/partner/principal/director)
<b>Position:</b>	
<b>On behalf of:</b>	
<b>Date:</b>	