



# Quercus Professional Indemnity Limited

## PROPOSAL FORM

### DESIGN AND CONSTRUCT

### PROFESSIONAL INDEMNITY INSURANCE

**Contact:**

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**DESIGN AND CONSTRUCT  
PROFESSIONAL INDEMNITY INSURANCE  
PROPOSAL FORM**

Please answer all questions fully and if you have a brochure or any other information concerning your business please attach to this proposal.

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1. Name of Insured/Proposer:

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2. Main address plus any overseas addresses:

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3. Web-site address:

Email address:

Telephone No:

Fax No:

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4. Date business established:

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5. Full description of your business activities:

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6. Are you connected or associated (financially or otherwise) with any other business?

Yes

No

If Yes, please give full details

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7. During the past five years has the name been changed or has any other business been purchased or any merger or consolidation taken place?

Yes

No

If Yes, please give full details

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8. Are you a member of any Professional Association?

Yes

No

If Yes, please give full details

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9. Details of THE DESIGN AND Consulting Department Staff:

a. Principals/Partners/Directors:

Name	Age	Qualifications	Number of Years Experience

Please attach CVs for all of the above if the business is less than five years old.

b. Other Senior Staff

Name	Age	Qualifications	Number of Years Experience

10. Total number of staff:

Principals/Partners/Directors ..... Qualified Staff .....

Other Technical Staff ..... All Other Staff .....

11. Please detail the amount of your total turnover/fees in the last financial year:

	UK	Elsewhere
Turnover where you design and construct from your own design and provide full technical supervision	£	£
Fees where you provide design and technical services with no construction	£	£
Turnover where you construct from others designs performed on your behalf	£	£
Turnover where you construct from others designs and where others carry out technical supervision on your behalf	£	£
Other turnover not specified above	£	£

NB. "Construct" can also mean install or fabricate in this question.

12. Please list your three largest contracts in the last three years where you have undertaken or been responsible for design or technical services:

Name of Client, Location and Description of Contract	Services Performed	Contract Value	Date Commenced	Date Completed
		£		
		£		
		£		

13. Please confirm the approximate division of your work in the following disciplines where you have undertaken or been responsible for design or technical services:

Architecture	%	Chemical Engineering	%
Civil Engineering	%	Soil Engineering	%
Structural Engineering	%	Nuclear Engineering	%
Mechanical Engineering	%	Surveying - Land	%
Electrical Engineering	%	Surveying - Quantity	%
Heating & Ventilation Engineering	%	Surveying - Building	%
All Others (please specify)	%		

14. Please confirm the approximate division of your work in the following categories where you have undertaken or been responsible for design or technical services:

<u>Home Building</u>		<u>Industrial Building</u>	
Individual Dwellings	%	Power Plants	%
Low Rise Multiple Dwellings	%	Refineries or Petro-Chemical Plants	%
High Rise Multiple Dwellings	%	Manufacturing Plants	%
Modular Dwellings	%	Industrial Building Systems	%
<u>Engineering Construction</u>		<u>Others</u>	
Roads/Highways	%	Hospitals & Nursing Homes	%
Bridges, Tunnels or Dams	%	Schools & Universities	%
Railways, Airports, Harbours/Jetties	%	Hotels or Recreation Centres	%
Sewerage/Water Schemes	%	Retail/Business Parks	%
		Remainder	%

15. Are you involved in:

a. The manufacture or fabrication of any pre-engineered units?

Yes

No

b. The Cladding, Curtain Walling or Glazing Trades?

Yes

No

If Yes to either of above, please give full details

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16. When sub-contractors or specialist consultants are engaged, do you endeavour to ensure they are appointed by the client and that they accept responsibility for their own negligence?

Yes

No

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17. Do you currently have professional indemnity insurance in force?

Yes

No

If Yes, please advise Insurer ..... Renewal Date .....

Premium .....

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18. Has any proposal for similar insurance made on behalf of the business, any predecessor of the business, or any principal, partner or director ever been declined or has any such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)?

Yes

No

If Yes, please give full details

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19. Have you sustained any loss through the fraud or dishonesty of any person or are you aware of any fraud or dishonesty at any time of any past or present principal, partner, director or employee?

Yes

No

If Yes, please give full details

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20. Has any claim been made against your business or any principal, partner, director or employee whilst in this or any other business?

Yes

No

If Yes, please give full details

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21. Are you aware, after full enquiry, of any circumstance or incident which has or may result in any claim being made against the business or any principal, partner, director or employee of this or any other business?

Yes

No

If Yes, please give full details

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22. Do you currently have any individual(s) responsible for risk management issues within your business?

Yes

No

If Yes, please give full details

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23. Please indicate the levels of indemnity you require quotes for:

£ ..... £ ..... £ .....

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24. A self-insured excess will apply to any claim. Underwriters will decide the minimum amount when assessing your risk, but if you have a preferred level of excess, please indicate below:

£ .....

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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 insurers of any material alteration to these facts whether occurring before or after completion of the contract of insurance. Signing this proposal form does not bind the proposer to complete this insurance.

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Signature of Principal/Partner/Director

Date