



AIG Europe Limited

Construction Professional Liability Insurance Proposal

Proposer Details

Name of Firm(s)	<input type="text"/>
Principal Address line one	<input type="text"/>
Principal Address line two	<input type="text"/>
City and postcode	<input type="text"/>
Telephone number	<input type="text"/>
Fax number	<input type="text"/>
Website address	<input type="text"/>

Is the Firm(s) a subsidiary of an overseas parent company? Yes No

If 'Yes':

Name of Parent	Address of Parent
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please provide details of any subsidiary companies which are to be included under this insurance:

Subsidiary	Country
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Date Firm(s) was established

Please give the following details of all Partners, Directors or Principals of the Firm(s):

Name	Qualifications	Date Qualified	How long a Partner / Director / Principal
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please state the following:

Number of Partners, Principals or Directors:	This year	<input type="text"/>
	Last year	<input type="text"/>
	Two years ago	<input type="text"/>

Number of Qualified Technical Staff:

This year	
Last year	
Two years ago	

Number of other Technical Staff:

This year	
Last year	
Two years ago	

Number of Administrative and all other staff:

This year	
Last year	
Two years ago	

What is the annual average percentage rate of staff turnover for the last two years?

%

Does the Firm(s) use independent sub-contractors?

Yes No

If 'Yes', please answer the following:

Please state what proportion of the Firm's business involves the subcontracting of work to others?

%

Does the Firm(s) insist that subcontractors maintain their own Professional Indemnity cover?

Yes No

What services does the Firm(s) use independent subcontractors for?

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How does the Firm(s) select and manage independent sub-contractors?

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During the past 6 years has the name of the Firm(s) been changed or has any amalgamation/ take over taken place?

Yes No

If 'Yes', please provide details

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Is coverage required for any Partner, Director or Principal for any former firm for which they were a Partner?

Yes No

If 'Yes', please provide details

Full Name	Former Firm	Period with Former Firm	Position Held in Former Firm

Please provide an estimate of the percentage of total annual fees for the last complete financial year from the following categories:

	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

Please provide an estimate of the percentage of total annual income for the last complete financial year from the following categories:

Home Building			
	%		%
	%		%
Engineering			
	%		%
	%		%
Industrial			
	%		%
Amenities			
	%		%

Please provide details in respect of the type of work normally carried out by the Firm(s)

In respect of the activities declared, does this involve the use of well-established designs?

Yes No

If 'No', please provide details

Do you engage in the manufacture or fabrication of any pre-engineered unit?

Yes No

Is the work split above representative of the Firm(s) make-up over the previous three years?

Yes No

If 'No', please provide details

Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months?

Yes No

If 'Yes', please provide an explanation

Please split the Firm(s) business between the following market sectors:

Government	%	Finance	%
Manufacturing/Industrial	%	Commercial	%
Construction/Engineering	%	Aerospace	%
Trade Wholesale/Retail	%	Rail	%
Healthcare/Medical	%	Other	%

Is this business split representative of the Firm(s) business over the previous three years?

Yes

No

If 'No', please provide details

Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months?

Yes

No

If 'Yes', please provide details

How many current customers are you undertaking contracts for?

 %

Please provide details of the five largest contracts undertaken in the past three years, or for a new business / practice, in the forthcoming year:

Name of Client	Business of Client	Nature of Contract	Total Value	Income to You

Risk Management

Does the Firm(s) have regular principal meetings? Yes No

If 'Yes', do these involve reports on all current projects? Yes No

Does the Firm(s) always use standard written contract conditions which clearly outlines the scope of service? Yes No

If 'No',

What percentage of contracts are in the non-standard form? %

What is the procedure for the sign-off of non-standard contracts?

Do the standard written contract conditions exclude liability for pollution or contamination? Yes No

Has the Firm(s) assigned the rights under contract or deed to more than two subsequent owners? Yes No

If 'Yes', please provide details:

Year	Contract	Nature of Contract	Number of Assignments

Does the customer always sign the contract? Yes No

Does the Firm(s) have standard procedures for regular review of ongoing contracts internally and with clients? Yes No

Does the Firm(s) provide advice or services which fall outside the scope of the contract? Yes No

If 'Yes', does the Firm(s) always amend the scope of service to reflect any change in project requirements? Yes No

Where the Firm(s) either designs or provides technical supervision, does the Firm(s) ensure that this work is undertaken, controlled or supervised by an individual qualified in the relevant field by one of the following professional body:

The Institution of Structural Engineers Yes No

Name	Activity	Qualification	Experience in Field

Does the Firm(s) have written risk management procedures which are regularly reviewed and circulated to all staff?

Yes No

Does the Firm(s) operate any Quality Assurance Systems?

Yes No

If 'Yes', please specify

Does the Firm(s) offer and promote continuing training?

Yes No

Fraud and Dishonesty

Has the Firm(s) sustained any loss through the fraud or dishonesty of any person?

Yes No

If 'Yes', provide details

Is the Firm(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present Partner, Director or employee?

Yes No

If 'Yes', please give details and state the precautions taken to prevent a reoccurrence

Does the Firm(s) always require satisfactory references or only when engaging senior employees?

Always Senior Appointments only

Nature of reference

Written Verbal

Is any employee allowed to sign cheques on his/her signature alone for values exceeding GBP25,000?

Yes No

If 'Yes' please give details on a separate sheet

How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements (including the balance of cash and unrepresented cheques), independently of employees receiving or banking monies, in respect of monies belonging to the Firm as well as in trust on behalf of others?

<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other (please specify)		

Previous Coverage

Unless a renewal to AIG, please give details of previous Professional Indemnity Insurance carried during the past two years:

Policy Period	Insurer	Limit	Excess	Premium

Has any proposal for Professional Indemnity Insurance made on behalf of the Firm(s) or any predecessors in the business, or present partners/directors/principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed?

Yes No

If 'Yes', please advise reason(s)

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Please specify the limit (s) of indemnity for which quotations are required

GBP	GBP	GBP
GBP	GBP	

Please specify the excess you would be prepared to carry

GBP	GBP	GBP
GBP	GBP	

A Is any partner, director or principal **after inquiry** aware of any claims ever having been made against the Firm(s) or their predecessors in business or any of the present or former partners, directors or principals?

Yes No

B Is any partner, director or principal **after inquiry**, aware of any circumstances or occurrences which may give rise to a claim against the Firm or their predecessors in business or any of the present or former partners/directors or principals?

Yes No

If you have answered YES to questions A or B full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS, if subsequently a claim should arise.

Privacy Policy

AIG Europe Limited's Privacy Policy is available at www.aig.com/uk/privacypolicy or by requesting a copy from Data Protection Officer, Legal Department, AIG Europe Limited, The AIG Building, 58 Fenchurch Street, London EC3M (email: DataProtectionOfficer@aig.com).

By submitting information to AIG relating to any identifiable individual, you represent that you have authority to provide that personal information to AIG. With respect to any individual about whom you provide personal information to AIG, you agree: (a) to inform the individual about the content of the Privacy Policy; and (b) to obtain any legally-required consent for the collection, use, disclosure, and transfer (including cross-border transfer) of personal information about the individual in accordance with the Privacy.

SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

Declaration

I/We declare that the statements and particulars in this proposal are true and that no material facts have mis-stated or suppressed after enquiry. I agree that this proposal, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed

Title

(to be signed by Partner, Director or Principal or equivalent)

Firm(s)

Date

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Fax: 020 7954 8334

