



HERA INDEMNITY

MAKING A DIFFERENCE

DESIGN AND CONSTRUCTION
PROFESSIONAL INDEMNITY INSURANCE
PROPOSAL FORM 2023

Design and Construction Professional Indemnity Insurance Proposal Form

Instructions

- This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.
 - All questions must be answered to enable a quotation to be given.
 - Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance.
- If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).

1. Company details (Including all trading names and subsidiaries)

Name	Date of establishment
Website address	

2. Address details (Including all subsidiaries)

3. Principals / Partners / Directors

Name	Qualifications	How long with the company

4. Total number of staff

Principals / Partners / Directors	Qualified staff	Administration	Others

5. Membership of professional body or trade association

Professional body	
Trade association	

6. Professional Indemnity Insurance policy in place?

Yes <input type="checkbox"/> If Yes, please provide information below	No <input type="checkbox"/>
Name of current insurer	
Name of your broker	
Renewal date	
Limit of indemnity	
Premium	
Excess	
Retroactive date	

7. Do you or any of your Principals / Partners / Directors have any association with or financial interest in any other practice, company or organisation

Yes <input type="checkbox"/>	If Yes, please provide information below	No <input type="checkbox"/>
Provide details of the nature of the association, together with the name of the business and activities undertaken		

8. Do you use Consultants / Sub-contractors?

Yes <input type="checkbox"/>	If Yes, please provide information below	No <input type="checkbox"/>
What percentage of your turnover / fee income was paid to them in the last financial year?		%
What was the nature of the work undertaken?		
Do you require cover for them under this policy?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you require them to carry professional indemnity insurance to a similar limit?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, please provide details as to why not		

9. Gross turnover for the last five completed financial years:

Year ending	UK turnover	Overseas turnover

10. Do you enter into contracts that are not subject to UK law?

Yes <input type="checkbox"/>	If Yes, please provide information below	No <input type="checkbox"/>
Provide details of which countries and jurisdiction		

11. Business activities

Profession / business of the firm

12. Business activities split

Please break your turnover down as follows

	Last financial year		Current financial year est	
	UK	Overseas	UK	Overseas
i. Turnover where the firm designs and constructs / installs from its own design and provides full technical supervision				
ii. Fees where the firm provides design and technical services only (i.e. no construction or installation is undertaken by the firm)				
iii. Fees where the firm provides project management or supervision of construction / installation services only (i.e. no construction / installation is undertaken by the firm)				
iv. Turnover where the firm constructs / installs from others' design performed on behalf of the firm (i.e. where there is contingent design liability)				
v. Turnover where the firm constructs / installs from others' design and others' technical supervision				
vi. Other turnover not mentioned above (please give details) - these activities will not normally be covered				
TOTAL				
If No turnover is declared in i. ii. or iii. above, have you ever in the past undertaken contracts with design liability?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the turnover declared in vi. relate to any advisory or design services?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details				

13. Split of activities for the last financial year

Architectural		%	Surveying		%
Civil engineering		%	Piling		%
Structural engineering		%	Scaffolding		%
Mechanical engineering		%	Roofing / glazing		%
Electrical engineering		%	Cladding		%
Heating & ventilation engineering		%	Environmental engineering		%
Chemical engineering		%	Demolition		%
Soil engineering		%	Basements		%
Nuclear engineering		%	Swimming pools		%

14. Split in work for the sectors below for the last financial year

Home Building	Design and construct		Construction without design	
Individually designed		%		%
Multiple low rise		%		%
High rise		%		%
Modular (repetitive design)		%		%

14. (Continued)				
Public/Commercial Buildings	Design and construct		Construction without design	
Hospitals / healthcare		%		%
Schools / universities / student accommodation		%		%
Offices / retail / warehouses		%		%
Hotels / hostels		%		%
Prisons		%		%
Engineering Construction	Design and construct		Construction without design	
Highways / flyovers		%		%
Bridges / tunnels / dams / mines		%		%
Harbours / jetties / sea defences		%		%
Sewage / water schemes		%		%
Industrial	Design and construct		Construction without design	
Power / manufacturing plants		%		%
Chemical / petrochemical / refineries		%		%
Mechanical plant / bulk handling equipment / hoppers / silos		%		%
Industrial building systems		%		%
Nuclear / atomic		%		%
All other (please give details)	Design and construct		Construction without design	
		%		%
		%		%
		%		%

15. If there are activities in question 12 where you have declared no income for the last financial year		
Have you undertaken any of these activities in the past?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you intend to undertake any of these activities in the future?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes to any of the above, please provide details, including nature of activities and income		

16. Details of your five largest contracts in the last five financial years (If new start-up, please complete question 17)	
Largest contract	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
Second largest contract	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

16. (Continued)**Third largest contract**

Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

Fourth largest contract

Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

Fifth largest contract

Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

17. Details of the four largest contracts where construction is expected to commence in the next 12 months**Largest contract**

Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

Second largest contract

Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

Third largest contract

Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

Fourth largest contract

Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	

18. Has the proposer at any time undertaken any work where the end product is situated outside the UK?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please state the start and end dates, total contract value, your contract values, service provided and country		

19. Are all projects carried out using well-established techniques?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, please provide details		

20. Have you ever taken contractual responsibility for cladding systems on social housing, hospitals, schools, residential care homes, prisons, universities, student accommodation, hotels or hostels?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please answer the following questions		
i. Have you ever been involved in high rise projects over 18 metres?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
ii. Can you confirm that all cladding (including components within the cladding system) used on these projects has been non-combustible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iii. Were specialist cladding contractors engaged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
iv. Did these specialist cladding contractors have their own Professional Indemnity Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No to ii, please provide details		

21. Do you now or have you in the past undertaken any services which may create a liability for pollution, contamination or asbestos?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details		

22. Does any client or contract represent more than 50% of your annual work?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details		

23. Have you ever failed to complete a project?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details		

24. Do you engage in, or are you responsible for the manufacture or fabrication of any pre-engineered unit?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details and explain where the relevant turnover has been declared in Question 12		

25. Do you, or have you been, a member of a consortium, joint venture or engaged with any other party in a single project value?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please give details including names of other parties		

26. Risk Management		
Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

27. Above what amount do payments require at least a two-stage sign-off?		
	£	

28. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes		
Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What steps have you taken to ensure that the transaction has been completed successfully?		

29. When entering into contracts please confirm		
You carry out work only under your standard contract, signed by every client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All contracts are vetted by a legally qualified person before being agreed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, to any of the above, please explain why not		

30. When entering into contracts do you always		
Work to a written specification with your clients outlining the scope of each job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ensure that changes to the scope of work are reflected in a written variation of the contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have a formal quality assurance or control programme in force?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, to any of the above, please explain why not		

31. Has any person for whom insurance is now sought ever been the subject of a disciplinary proceeding taken by any regulatory body, professional organisation or trade association

Yes No

If Yes, please provide details

32. Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied?

Yes No

If Yes, please provide details

33. Is there any other information that you consider material to the insurance required?

Yes No

If Yes, please provide details

34. For what limits of indemnity are quotations required?

<input type="checkbox"/> £250,000	<input type="checkbox"/> £500,000	<input type="checkbox"/> £1,000,000
<input type="checkbox"/> £2,000,000	<input type="checkbox"/> £5,000,000	<input type="checkbox"/> £10,000,000
<input type="checkbox"/> Other £		

35. Claims

In respect of any of the risks to which this proposal relates

Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners? Yes No

Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person? Yes No

If Yes, to any of the above, please provide details:

Date of claim / loss	Brief details of each claim / loss	Cost of claim / loss	Estimated cost of claim / loss outstanding

What steps have been taken to prevent a recurrence?

36. Are you, after full enquiry		
Aware of any circumstance which is likely to give rise to a claim or loss against you, any predecessor or any past or present principals, directors, partners?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Aware of any shortcoming in your work for a client who is likely to give rise to a claim against you? This includes: A shortcoming known to you, but not your client, which you cannot reasonably put right? A complaint from your client about your work or anything you have supplied which cannot be immediately resolved? An escalating level of complaint from your client on a particular project? A client withholding payment due to you after any complaint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, to any of the above, please provide details		

37. Do you have any grounds, after reasonable enquiry, for suspecting that any past or present principal, director, partner, employee or self-employed person has acted dishonestly or maliciously?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details		

Important Notice
 It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, please do not hesitate to ask for advice.

Declaration	
On behalf of the proposer/s, we declare that, after full enquiry, the contents of this proposal are true and that we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which we have provided or any new material matter arises before the completion of the contract of insurance, we undertake to inform the Insurer.	
Signature of Principal / Director / Partner	
Print Name	
Date	

Additional Information

A copy of this questionnaire should be retained by you for your own records.



HERA INDEMNITY

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