



Architects Proposal Form

Professional Indemnity

Version 06.17.003

This form has been designed to be completed and signed electronically.

Once completed please save it and send it back to: suttonpi@heraindemnity.co.uk

Or if you prefer to print and send the form, please post to:

Hera Indemnity First Floor Offices, 1 Mulgrave Chambers 26-28 Mulgrave Road Sutton Surrey SM2 6LE

Section 1 - Basic Details

Details must be provided of any other trading titles, including predecessor firm(s) for which cover is required.

All addresses must be shown together with the partner(s), director(s) or principal(s) responsible for the work at each location.

Please submit this information using the supplementary sheet provided at the end of this form.

Firm Name		
Office Address		
	Posctode	
Date Established	Contact Name	
Telephone No	 Contact Email	
Web Address		

Section 2 - Staff Details

2.1 Please give details of numbers of staff within the five categories below:

Partners, Directors or Principals	Qualified Staff	Draughtsmen	Trainee Staff	Other

2.2 Please give details of numbers of all partners, directors, principals, consultants and qualified employees of the firm:

If your firm has more than five partners, directors or principals, please use the additional sheet provided at the end of this form.

Full Name	Year of Birth	Position	Full / Part Time	Time in Current Position	Qualifications	Date Qualified

Se	ction 3 – Risk Management		
3.1	Is your firm (or any partner, director or principal) a member of any consortium, joint venture or single project partnership or have any association with or financial interest in any other practice, company or organisation?	YES	○ NO
If yo	u have answered "Yes" to question 3.1, please give full details on the supplementary sheet at the end of this form		
3.2	Do you always take up written references when engaging staff?	YES	ОиО
3.3	Do all cheques drawn for over £5,000 require at least two signatures?	YES	○ NO

Section 4 - Fees

4.1 Please state your gross fees received for the past financial year and estimates for the current and forthcoming years:

	Date of Financial Year End	UK Income	Overseas Income	Total Income
Last Complete Year				
Current Year (Estimated)				
Next Year (Estimated)				

If you have declared any fees from any territory other than the UK or if you enter into any contracts where legal jurisdiction is anything other than UK law, please provide the details for each of these projects using the supplementary sheet at the end of this form.

CONTINUES ON NEXT PAGE

4.2 Please estimate the percentages				pcated to each area of practice year.	for the	last 12 mon	ths or, if a new practice,		
Architectural Work Stages 1	Architectural Work Stages 1 & 2 (A-C) Up To Concept Design Only								%
Architectural Work Up To St	age 8 (L) To Full (Cor	npletion Including Certification					%
Building Surveying / Party V	Building Surveying / Party Wall Surveys								%
Structural Surveying or Eng	ineering								%
Property Valuations - Purch	ase or Le	ending Pu	urpo	oses					%
Fees Paid to Consultants, S	Sub Cont	ractors o	r Aç	gents					%
Landscape / Garden Archite	ecture								%
Interior Design / Refurbishm	nent								%
Project Co-ordination									%
Project Management									%
Feasibility Studies									%
Quantity Surveying									%
Town Planning									%
CDM / Planning Supervisor									%
Expert Witness / Arbitration									%
Aborted Work									%
Other (Please Specify)									%
	'						Total		100%
4.3 Please estimate the pe	ercentage	e of each	ı typ	pe of project undertaken in the l	last 12	months:			
Commercial			%	Individual Housing		%	Schools or Universities		%
Ecclesiastical or Historic Bu	ildings		%	Industrial		%	Swimming Pools		%
Harbours and Jetties			%	Leisure (excluding swimming pools)		%	Housing Associations		%
Multiple Housing			%	Other (Please Specify)					%
								Total	%
Section 5 – Contracts									
5.1 When independent or specialist consultants are required, have you in the past ensured, and will you in the future, endeavour to ensure that such consultants carry their own professional indemnity insurance? 5.2 Please give the following details of the 5 largest contracts where construction has commenced during the past 6 years:									
Client	Start	Date		Description of Work	Total (Contract Val	ue Your Contract Fee	Compl	etion Date

CONTRACT 1							
Client Name			_				
Start Date		Completion Date					
Description of Work							
Contract Value		Your Contract Fee					
CONTRACT 2							
Client Name							
Start Date		Completion Date					
Description of Work							
Contract Value		Your Contract Fee					
CONTRACT 3							
Client Name							
Start Date		Completion Date					
Description of Work							
Contract Value		Your Contract Fee					
Section 6 – Claims							
	l indemnity claims, whether successful or not rm or any of the partners, principals or directo		firm,	YES	○ NO		
6.2 After full enquiry, are a give rise to a claim?	any partners, principals or directors of the firm	n aware of any circumstance w	which might	YES	○ NO		
If you have answered Yes the end of this form.	to either of the questions above, please pr	rovide additional details usir	ng the supplementary	sheet at			
Section 7 – Cover Requi	Section 7 – Cover Requirements						
7.1 Please provide your c	urrent insurance details:						
Current Insurer		Current Broker					
Limit of Indemnity		Excess					
Premium		Renewal Date					
7.2 Please provide details	7.2 Please provide details of the cover you require:						
Limit of Indemnity		Excess					
	1		1				

Please give the following details of the 3 largest projects where construction is likely to commence in the next 12 months.

7.3	Have any of the firms or persons named in answer to questions 1 and 2 at any time been refused similar insurance, quoted an increased premium, had a policy cancelled or had special terms imposed?							
If yo	have answered Yes to question 7.3 please provide a	additional details on the supplementary sheet on page 11 of t	this form.					
7.4	Do you require cover for any partner, director, consultar	nt or employee for liability arising out of a previous business?	YES	○ NO				
If yo	u have answered Yes to question 7.4 please provide a	additional details on the supplementary sheet on page 11 of t	this form.					
7.5	Please provide the expiry date of your Employer's Liability Insurance:							
Se	ction 8 – Duty To Make A Fair Presentation							
		sured to the insurer. This requires disclosure of any information valuer to accept your insurance, impose special terms, or charge an		emium.				
subs		ct of insurance, must be answered fully and accurately. All represented faith if they are matters of expectation or belief. Please consider						
	se be aware that a failure to make a fair presentation of y date the policy.	our risk may affect the payment of your claims, cause additional	charges or ev	/en				
mana		and those responsible for the insured's insurance. The definition of the making of decisions concerning how the insured's activities a		aged				
Infor	nation must be disclosed in a way which is reasonably cl	ear and accessible to a prudent insurer.						
	duty arises not only at inception of the policy but also at rance. Please contact us immediately if you have any dou	enewal or in the event of any material change in your risk during bt as to what constitutes a relevant fact or circumstance.	the period of	ŧ				
8.1	Do you expect any significant change to or in your Com	pany/Firm in the next 12 months?	YES	○ NO				
8.2	2 Is there any other material information that may be relevant to this application? YES NO							

If you have answered Yes to either of the questions above, please provide additional details using the supplementary sheet at the end of this form.

It is essential that every Proposer or Insured, when seeking a quotation to take out or renew any insurance, discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter 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 Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice. Unless agreed to the contrary, this insurance shall be subject to English Law.

Section 9 - Declaration

I declare that after full enquiry of all senior management and those responsible for our insurance, the contents of this proposal are true and we have not misstated, omitted or suppressed any material circumstance or information.

I confirm that this proposal form, together with any other document that may have been provided, does provide a fair presentation of the risk to be insured.

If there is any material alteration to the facts and information provided or any new matter arises before the completion of the contract of insurance, I undertake to inform insurers.

Signed by (Principal, Partner or Director):	Printed:	
For and on behalf of:	Date:	

Specimen copies of policy wordings are available on request. We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference.

Please send your completed form to: enquiries@heraindemnity.co.uk

Or if you prefer to print and send the form, please post to:

Hera Indemnity First Floor Offices, 1 Mulgrave Chambers 26-28 Mulgrave Road Sutton Surrey SM2 6LE

Supplementary Sheet for Section 1 – Basic Details

Details must be provided of any other trading titles, including predecessor firm(s) for which cover is required.

All addresses must be shown together with the partner(s), director(s) or principal(s) responsible for the work at each location.

Trading Title / Predecessor Firm	Address	Directors

Please give details of numbers of all partners, directors, principals, consultants and qualified employees of the firm

Full Name	Year of Birth	Position	Full / Part Time	Time in Current Position	Qualifications	Date Qualified

Supplementary Sheet for Section 4 – Overseas Work

If you have declared any fees from any territory other than the UK or if you enter into any contracts where legal jurisdiction is anything other than UK law, please provide the details for each of these projects below:

Oli and Nieman		0	
Client Name		Country	
Description of Work		I	
Start Date	Completion Date		
Contract Value	Your Contract Fee		Subject to UK Law
Client Name		Country	
		Country	
Description of Work	Occupation Pate	1	
Start Date	Completion Date		
Contract Value	Your Contract Fee		Subject to UK Law
Client Name		Country	
Description of Work			1
Start Date	Completion Date		
Contract Value	Your Contract Fee		Subject to UK Law
		1	
Client Name		Country	
Description of Work			
Start Date	Completion Date		
Contract Value	Your Contract Fee		Subject to UK Law
Client Name		Country	
Description of Work		ı	
Start Date	Completion Date		
Contract Value	Your Contract Fee		Subject to UK Law
Client Name		Country	
Description of Work			
Start Date	Completion Date		
Contract Value	Your Contract Fee		Subject to UK Law
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Client Name		Country	
Description of Work			
Start Date	Completion Date		
Contract Value	Your Contract Fee		Subject to UK Law
Client Name		Country	
Description of Work			-
Start Date	Completion Date		
Contract Value	Your Contract Fee		Subject to UK Law
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Supplementary Sheet - Additional Information	
Please provide any required additional details relating to Sections 3,6,7 or 8.	



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