

# Professional Indemnity for Engineers



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## Proposal Form (Republic of Ireland)

**PROFESSIONAL  
INDEMNITY FOR  
ENGINEERS**

**Your business activity**

1. Name of all companies/firms to be insured:

Name	Date established

2. Address of main location:

Postcode:
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3. Please describe fully the activities you undertake:

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4. Please provide name(s) in full of partners/directors of firm/company and any employee carrying out professional work:

Name	Qualifications	Date qualified	No of years in this capacity with the firm/company

5. Please state your fees (excluding VAT, disbursements, recharged expenses and fees paid to independent consultants) received for the past two financial years. If a new firm/company state projected fee income.

Previous year	Last year	Current year (estimate)	Month of financial year end
€	€	€	

**Sub-contractors**

6. Do you pay fees to independent sub-contractors/ sub-consultants?

YES  NO

If YES, please specify profession and amounts:

Profession	Amount
	€
	€

Do you ensure that such sub-contractors/sub-consultants carry and maintain Professional Indemnity Insurance?

YES  NO

**Contracts**

7. Please provide details of the three largest contracts (in terms of total project value) undertaken in the last five years where you had responsibility for design or other professional services:

Year	Client	Your contract value	Total project value	Description of your activities	Your fees from the contract

8. Please provide details of the two largest contracts (in terms of total project value) expected to commence in the next 12 months where you have responsibility for design or other professional services:

Client	Your contract value	Total value of project	Description of your activities
	€	€	
	€	€	

9. Please give an approximate percentage split of the disciplines in which you are involved:

Electrical engineering	<input type="text"/> %
Heating ventilating and air conditioning engineering	<input type="text"/> %
Mechanical engineering	<input type="text"/> %
Civil and structural engineering	<input type="text"/> %
Soil engineering	<input type="text"/> %
Architectural	<input type="text"/> %
Project management	<input type="text"/> %
Project co-ordination	<input type="text"/> %
Feasibility studies/expert witness work	<input type="text"/> %
Other - please provide full details	<input type="text"/> %

10. Have you undertaken contracts involving any of the following in the last five years?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Manufacturing plant                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Power plant                                   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Sewerage and water schemes                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Petrochemical and refineries                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Roads, bridges, tunnels and dams              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Harbours and jetties                          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Mines and associated works                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Housing/commercial schemes above three floors | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Swimming pools                                | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Foundations/underpinning                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If the answer to any part of question 10 is YES, please provide full details on a separate sheet.

11. Do you undertake any contract which involves:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. manufacture, construction, erection or installation? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. supply of any goods, materials, plant or equipment?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

12. Do you carry out work outside of the UK?

YES  NO

13. Do all your contracts involve well-established techniques and practices?

YES  NO

14. Have you ever undertaken a contract as a member of a consortium or joint venture?

YES  NO

15. Have you ever undertaken a contract which forms part of a PFI or PPP project?

YES  NO

If any answer for questions 11 - 15 is YES, please provide full details on a separate sheet.

16. Please provide details of your current PI cover (do not complete if this is a proposal for renewal of an existing Hiscox policy):

Current insurer	Renewal date	Limit of indemnity	Excess	Premium	Retroactive date
		€	€	€	

17. Please tick the limit of indemnity now required:

€325,000  €650,000  €1,300,000  Other €

18. Please state the amount of self insured excess you wish to carry: €

19. Has any insurer ever cancelled, declined, refused to renew or required increased rates or special conditions in respect of any insurance covering your liabilities and/or activities or those of any past or present director/partner/principal? YES  NO

20. Has any claim ever been brought against you or any past or present director/partner/principal in connection with the performance of any design or other professional services for which you were contractually or otherwise legally responsible, or has anyone threatened to bring such a claim? YES  NO

21. Are you aware of any matters, which may lead to a claim against you? This includes: YES  NO

- (i) Any shortcoming in your work of that of a sub-contractor, or any dispute in connection with a contract, which may lead to a claim or criminal proceedings being made against you;
- (ii) Any criticism directly or indirectly related to design or other professional services even though regarded by you as unjustifiable
- (iii) Any circumstances which exist which may have a detrimental effect on your satisfactory performance of your responsibilities under a contract

22. Have you or any of your partners or directors at any time either personally or in any business capacity:

- (i) been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? YES  NO
- (ii) been a partner, a director or had a controlling interest in any company, firm or business entity which has entered into a voluntary arrangement with creditors or been subject to any application for liquidation, administration, receivership or to enforcement of a judgement debt? YES  NO

If any answer for questions 19 - 22 is YES, please provide full details on a separate sheet.

**DATA PROTECTION**

By signing this Proposal Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

**MATERIAL INFORMATION**

Please provide us with details of any information which may be relevant to our consideration of your proposal for insurance. If you have any doubt over whether something is relevant, please let us have details.

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**DECLARATION**

Please read the declaration carefully and sign at the bottom.

I/We declare that (a) this proposal form has been completed after proper enquiry; (b) its contents are true and accurate and (c) all facts and matters which may be relevant to the consideration of our proposal for insurance have been disclosed.

I/We undertake to inform you before any contract of insurance is concluded, if there is any material change to the information already provided or any new fact or matter arises which may be relevant to the consideration of my/our proposal for insurance.

I/We understand that non-disclosure or misrepresentation of a material fact or matter will entitle Hiscox Insurance Company Limited to avoid this insurance.

I/We agree that this proposal form and all other written information, which is provided, are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Director

Date

**A copy of this proposal should be retained for your records.**

**COMPLAINTS**

We pride ourselves on providing a first class, reliable and efficient service to all of our customers. Complaints are a key to monitoring our service and wherever possible, we seek to take action to prevent recurrence of a problem.

We define a complaint as any expression of dissatisfaction, whether oral or written, and whether justified or not, about a service or activity provided by the insurance company.

If you have a complaint, please contact your insurance broker in the first instance.

If your complaint cannot be resolved satisfactorily by your insurance broker, please contact our customer services team:

**Telephone:** 0870 084 3777

**Email:** [customerservices@hiscox.com](mailto:customerservices@hiscox.com)

**Address:** Hiscox Insurance Company Limited, 1 Great St Helen's, London EC3A 6HX.