

Professional Insurance Portfolio



Proposal Form (Republic of Ireland) Architects

You must complete the General Information section, the Claims section and read and sign the Declaration.

**PROFESSIONAL
INDEMNITY FOR
ARCHITECTS**

1. Your business

Title of practice(s):

Profession(s)/business(es) of practice:

Date of commencement of current practice:

Date of commencement and cessation of former practice(s):

Reasons for cessation of former practice(s):

Address(es) of practice(s):

(All addresses must be shown together with the resident partner or principal responsible for the work at each office)

Postcode
Partner/principal:
Telephone no:

Postcode
Partner/principal:
Telephone no:

**2. You and/or your partners
principals and directors**

Please list below your details and those of any partners, principals or directors of the practice:

Name	Qualifications	Date qualified	Years in the practice

3. Other employees

Total number of staff (excluding partners, principals and directors):

4. Your turnover

State for the whole practice, the fees rendered for each of the last five financial years:
(excluding VAT disbursements, recharged expenses and fees paid to independent consultants)

Year	UK contracts	Overseas contracts
a.		
b.		
c.		
d.		
e.		

Principal year ends (state month):

5. Your business activity

Split of fees rendered as declared in answer to question 4. If this proposal form is being completed on behalf of a new business, please split your estimated fee income for the forthcoming year.

	UK contracts	Overseas contracts
Architectural work (excluding abandoned works)		
a) New build		
i) housing	€ <input type="text"/>	€ <input type="text"/>
ii) other contracts		
a. contracts under €5,000,000	€ <input type="text"/>	€ <input type="text"/>
b. contracts over €5,000,000	€ <input type="text"/>	€ <input type="text"/>
b) Restoration/rehabilitation		
i) housing	€ <input type="text"/>	€ <input type="text"/>
ii) other contracts		
a. contracts under €5,000,000	€ <input type="text"/>	€ <input type="text"/>
b. contracts over €5,000,000	€ <input type="text"/>	€ <input type="text"/>
Town planning/landscape architecture feasibility studies	€ <input type="text"/>	€ <input type="text"/>
Works abandoned prior to construction	€ <input type="text"/>	€ <input type="text"/>
Quantity surveying	€ <input type="text"/>	€ <input type="text"/>
Interior design	€ <input type="text"/>	€ <input type="text"/>
Drafting services	€ <input type="text"/>	€ <input type="text"/>
Project management	€ <input type="text"/>	€ <input type="text"/>
Planning supervisor CDM regulations	€ <input type="text"/>	€ <input type="text"/>
Building surveying/inspection reports	€ <input type="text"/>	€ <input type="text"/>
Structural surveys/valuations	€ <input type="text"/>	€ <input type="text"/>

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	UK contracts	Overseas contracts
Other work (please specify)	€ <input type="text"/>	€ <input type="text"/>
Fees paid by you to independent specialist consultants (specify profession)	€ <input type="text"/>	€ <input type="text"/>
Total gross fees	€ <input type="text"/>	€ <input type="text"/>
Total building values certified during last financial year:	<input type="text"/>	
Estimated amount of fee notes to be rendered for the current financial year:	<input type="text"/>	

Please give the approximate percentage of fees rendered in the last financial year for architectural work (excluding abandoned work) where the main contract interest is:

a) Housing	<input type="text"/> %
b) Retail/shops/offices	<input type="text"/> %
c) Factory/industrial	<input type="text"/> %
d) Pubs/restaurants/hotels	<input type="text"/> %
e) Leisure - sport and amusement	<input type="text"/> %
f) Schools/hospitals/municipal buildings	<input type="text"/> %
g) Garages	<input type="text"/> %
h) Nuclear or atomic projects/chemical/petro-chemical and refineries	<input type="text"/> %
i) Other (if over 10% please specify)	<input type="text"/> %

Please advise the following as an approximate percentage of the practice's total fees rendered for the architectural/project management work:

a) Where the practice provides design and inspection services	<input type="text"/> %
b) Where the practice provides design but no inspection services	<input type="text"/> %
c) Where the practice provides a technical inspection service from the designs of other firms	<input type="text"/> %
d) Where the practice acts as project or contract manager in addition to providing a design and inspection service	<input type="text"/> %
e) Where the practice acts solely as project or contract manager	<input type="text"/> %

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If structural survey/valuation work undertaken, please advise for the last three years numbers on:

a) Residential	
i) full structural survey	<input type="text"/>
ii) partial survey (house buyers report)	<input type="text"/>
iii) building society reports (mortgages)	<input type="text"/>
iv) maximum value	<input type="text"/>
v) average size of valuation	<input type="text"/>
b) Commercial surveys/valuations	
i) maximum single valuation size	<input type="text"/>
ii) largest portfolio size	<input type="text"/>
iii) average size of valuation	<input type="text"/>
iv) average size of portfolio	<input type="text"/>

Please state the five largest contracts where construction has commenced during the past six years:

Starting date	Description of contract (e.g. hotel, factory)	Total contract value	Approx. date of practical completion	Your fee

Please give details of contracts where construction is expected to commence in the next 12 months:

Starting date	Description of contract (e.g. hotel, factory)	Total contract value	Approx. date of practical completion	Your fee

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Does this practice undertake any work whatsoever where 'end product' of such work is carried out outside the United Kingdom? YES NO

If Yes, please give the following details:

a)

Country	Starting date	Description of contract	Total contract value	Approx. completion date	State professional services provided

b) Does the practice work other than from its UK offices? YES NO

c) Does the practice enter into contracts where the jurisdiction is other than UK courts? YES NO

If the answer to b) or c) is Yes, please give full details:

Is the practice or any partner/principal a member of a consortium or group practice or engaged with any other practice or person in a single project partnership? YES NO

If Yes, please give names of other members/partners and their capacities in the consortium/partnership:

N.B. special arrangements must be made with underwriters if coverage is required for work done whilst as a member of a consortium. In such cases a copy of the consortium agreement will be required.

Does the practice or any partner/principal have any association with or financial interest in any other practice, company or organisation? YES NO

If Yes, please give full details of the nature of the association together with the name and business of the other firm:



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6. Current insurance

Have you ever bought Professional Indemnity Insurance in the past? YES NO

If YES, please provide details:

Name of insurer	Limit of indemnity	Excess	Premium	Renewal date	No. of years continuously held

Please tick the limit of Indemnity now required:

€325,000 €650,000 €1,300,000 Other: €



**GENERAL LIABILITY -
PUBLIC & PRODUCTS
AND EMPLOYERS'
LIABILITY**

OPTIONAL - Only complete this module if this insurance cover is required.

Total waggeroll:

	Current full year	Estimate next year
Clerical	€	€
Non-manual	€	€
Manual	€	€

No. of premises:

Name of existing insurer:

CLAIMS

You must complete this section.

Please complete the claims questions for any risk now to be insured under the following insurance covers.

In relation to your professional business activities, are you after reasonable enquiry aware of:
Any shortcoming in your work which may lead to a claim against you.
This includes:

- A shortcoming known to you which you cannot reasonably put right. YES NO
 - A complaint about your work or anything you have supplied which cannot be immediately resolved. YES NO
 - An escalating level of complaint on a particular project. YES NO
- A client withholding payment due to you after any complaint. YES NO
- Any loss from the dishonesty or malice of any employee or self-employed freelancer. YES NO
- Any loss from the suspected dishonesty or malice of any employee or self-employed freelancer. YES NO
- Any matter which may give rise to a claim against your predecessors in business or any past partner, principal, director or employee. YES NO

If you answered YES to any of the above, please provide full details:

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

1. been declared bankrupt or become insolvent or made any voluntary arrangement with creditors or been subject to enforcement of a judgment debt? YES NO
2. 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 the answer to 1. and/or 2. above is YES, please give full details on a separate sheet.

Professional Indemnity

Has any claim, whether successful or not been made against you or your predecessors in business or any past or present partner, principal, director or employee (whether previously insured or not)? YES NO

In respect of the following insurance covers:

General Liability - Public & Products and Employers Liability

Has any claim or loss, whether successful or not, ever occurred or been made against you or your predecessors in business or any past or present partner, principal, director or employee in respect of any risk now to be insured under the insurance covers listed above (whether previously insured or not)? YES NO

CLAIMS

If YES, please provide full details below:

Date	Details	Amount	Remedial action

Please continue on a separate sheet if necessary.

In respect of Employers Liability:

Are you aware after enquiry of any potential injury or disease to an employee, which may give rise to a claim?

If YES, please provide full details:

YES NO

Have you ever had any insurance or proposal cancelled, withdrawn, declined or made subject to special terms?

YES NO

If YES, please provide details:

Date	Details



DECLARATION

You must complete this section.

Please read the declaration carefully and sign at the bottom.

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.

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.

DECLARATION

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 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

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