



PROFESSIONAL INDEMNITY PROPOSAL FORM

PROFESSIONAL INDEMNITY – ARCHITECTS, ENGINEERS AND DESIGN & CONSTRUCTION PROFESSIONALS

Please answer all questions fully, if additional space is required please provide full details on your letterhead. يرجى الإجابة على جميع الأسئلة بشكل كامل ، إذا كان هناك حاجة إلى مساحة إضافية ، يرجى تقديم التفاصيل الكاملة على ورقتك.

SECTION I – Details of Parties to be Insured

يرجى تقديم اسم وعنوان جميع الشركات المطلوب التأمين عليها

1. Please provide the name and Address of all companies to be insured:

Name: _____ اسم

Address: _____ عنوان

2. Please confirm the date from which you have continuously conduct the business:

يرجى تأكيد التاريخ الذي تمارس فيه النشاط التجاري باستمرار

3. Please provide details of your business activities:

يرجى تأكيد التاريخ الذي تمارس فيه النشاط التجاري باستمرار

4. Have your name been changed?

4. هل تم تغيير اسمك؟

Yes نعم No لا

5. Has any other practice or business merged with you or is any such merger proposed during the period of the insurance?

5. هل اندمجت معك أي ممارسة أو نشاط تجاري آخر أو هل تم اقتراح أي دمج من هذا القبيل خلال فترة التأمين؟

Yes نعم No لا

6. Have you acquired/purchased any other practice or business or is any such acquisition or purchase proposed during the period of insurance?

6. هل اكتسبت / اشترت أي ممارسة أو عمل آخر أو هل تم اقتراح أي اقتناء أو شراء خلال فترة التأمين؟

Yes نعم No لا



PROFESSIONAL INDEMNITY PROPOSAL FORM

If YES to Questions 4,5 or 6 please provide details including whether these entities are to be included under the proposed insurance

إذا كانت الإجابة بنعم على الأسئلة 4 أو 5 ، يرجى تقديم التفاصيل بما في ذلك ما إذا كانت هذه الكيانات ستدرج ضمن التأمين المقترح

| |
|--|
| |
|--|

SECTION II – Staff Details

7. Please give full details of all Partner(s) / Director(s) / Principal(s) continuing on separate sheet if necessary:

| Full Name | Qualifications & Dates Achieved | No. of Years in this capacity with you | No. of Years of Industry experience |
|-----------|---------------------------------|--|-------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Please supply a copy of the Curriculum Vitae in respect of any person who has been acting in this capacity with you for less than three years (five in the case of sole practitioners)

8. Please state the number of:

| | | |
|--|--|--|
| i) Partners / Directors / Principals | | |
| ii) Professional Staff – Architects, Engineers & Surveyors | | |
| iii) Other Technical Staff | | |
| iv) All Others | | |

SECTION III – Turnover

9. Please provide details of the gross income for the following years:

| | Prior Year 2 | Prior Year 1 | Current | Estimate Forthcoming Year |
|-----------------------------|--------------|--------------|---------|---------------------------|
| Turnover | | | | |
| *Notional Professional Fees | | | | |
| | | | | |

*If the Gross Income is of a Design and Construct nature please enter the estimated “notional” professional fees that would have otherwise been earned had all the Professional Activities and Duties (including project management / co-ordination), construction management and professional supervision/inspection of the works) undertaken in connection with Project been charged out at normal commercial rates.



PROFESSIONAL INDEMNITY PROPOSAL FORM

If an amount is not entered above we will make our own estimate of the Gross Professional Fees. Any indications provided by us on this basis will be subject to confirmation by you that our estimate is correct. If our estimate is not correct the indicated premiums may be subject to changed.

10. Please provide an approximate split of Turnover by the following responsibilities:

| | % |
|--|---|
| Turnover where you design, construct and provide technical supervision – <i>design undertaken in-house</i> | |
| Turnover where you design, construct and provide technical supervision – <i>design undertaken by subcontractors appointed by you</i> | |
| Turnover where you construct and provide technical supervision – <i>design undertaken by subcontractors appointed by Principal /Funding Agency / Developer</i> | |
| Turnover where you design and provide technical supervision only – <i>no construction responsibilities</i> | |
| Turnover where you provide technical supervision only e.g. Project Management / Coordination of sub-contractors <i>appointed by you</i> | |
| Turnover where you provide technical supervision only e.g. Project Management / Coordination of sub-contractors <i>appointed by the Principal / Funding Agency / Developer</i> | |
| Turnover where you have no responsibility of professional activities – e.g. <i>Construction only</i> | |
| Turnover from other professional responsibilities – <i>please specify using additional sheets if necessary</i> | |
| | |

SECTION IV – Contracts

11. Please provide details of your five largest contracts undertaken in the last five years:

| Date Started | Estimated Completion | Name and type of Project | Service Performed | Total Contract Value |
|--------------|----------------------|--------------------------|-------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

12. Do you use a standard form of contract, agreement or letter of appointment?

12. هل تستخدم نموذجًا قياسيًّا من العقد أو الاتفاق أو خطاب التعيين؟

Yes نعم No لا

If YES, please attach a copy



PROFESSIONAL INDEMNITY PROPOSAL FORM

13. Do you use a standard form of contract, agreement or letter of appointment?

13. هل تستخدم نموذجًا قياسيًّا من العقد أو الاتفاق أو خطاب التعيين

Yes نعم No لا

If YES, please provide details

إذا كانت الإجابة بنعم، يرجى تقديم تفاصيل

SECTION V – Professional Activities Undertaken by the Proposer

14. Please provide a split of professional work undertaken within the design & construction department in the previous and current financial year:

| Activity | نشاط | Previous % | السابقة % | Current % | الحالية % |
|--|---|------------|-----------|-----------|-----------|
| Engineering | | | | | |
| a) | Civil | a) | | a) | |
| b) | Structural | b) | | b) | |
| c) | Soil / Foundation | c) | | c) | |
| d) | Mechanical | d) | | d) | |
| e) | Electrical | e) | | e) | |
| f) | Heating & Ventilation | f) | | f) | |
| g) | Marine /Offshore | g) | | g) | |
| h) | | | | | |
| Architectural | | | | | |
| a) | Conceptual design / feasibility studies | a) | | a) | |
| b) | Detailed design | b) | | b) | |
| c) | Interior / non-structural design | c) | | c) | |
| Surveying | | | | | |
| a) | Land | a) | | a) | |
| b) | Quantity | b) | | b) | |
| c) | Building | c) | | c) | |
| Project Management – responsibility for contractor appointments | | | | | |
| Project C-ordination – no responsibility for contractor appointments | | | | | |
| Other Professional Activities – please provide full details in the space overleaf | | | | | |

Description of 'Other' Professional Activities (Please use additional sheets if necessary)



PROFESSIONAL INDEMNITY PROPOSAL FORM

15.

| Please provide an approximate split of turnover by project type: | % |
|--|--|
| Residential: a) Low Rise b) High Rise c) Multiple Dwellings d) Modular Dwellings / Tract Homes (i.e. repetitive designs) | a) b) c) d) |
| Structural / Civil / Infrastructure a) Piling & Foundations b) Cladding / Glazing c) Highways d) Bridges or Tunnels e) Dams f) Railways g) Harbours / Jetties / Marine h) Airports i) Power Plants | a) b) c) d) e) f) g) h) i) |
| Commercial a) Offices b) Retail c) Hotels & Recreation d) Industrial buildings / Manufacturing Plants e) Power Plants f) Other specialist – amusement parks / golf courses / swimming (please specify) | a) b) c) d) e) f) |
| Other (please specify using the attachment sheet if necessary) a) b) | a) b) |
| | Total must equal 100% |

16. Have your activities changed in the past 5 years or do you anticipate any major changes in these activities in the forthcoming 12 months?

16. هل تغيرت أنشطتك في السنوات الخمس الماضية أم أنك تتوقع أي تغييرات كبيرة في هذه الأنشطة خلال الـ 12 شهراً القادمة؟

Yes نعم No لا

If YES, please provide details

إذا كانت الإجابة بنعم، يرجى تقديم تفاصيل

SECTION VI – Sub consultants and Sub-Contractors

17. Do you engage the services of independent sub-consultants or sub-contractors?

17. هل تشارك في خدمات الاستشاريين من الباطن أو المقاولين من الباطن المستقلين؟

Yes نعم No لا



PROFESSIONAL INDEMNITY PROPOSAL FORM

18. Do you ensure that such sub-consultants or sub-contractors have and maintained professional indemnity insurance cover for the same limit of indemnity, coverage and period as requested by this proposal?

18. هل تتأكد من أن هؤلاء الاستشاريين من الباطن أو المقاولين من الباطن قد احتفظوا بغطاء تأمين تعويض مهني وحافظوا عليه لنفس الحد من التعويض والتغطية والفترة التي يطلبها هذا الاقتراح؟

Yes نعم

No لا

19. Please provide the approximate total of all fees paid to sub-consultants during the past financial year:

19. يرجى تقديم المجموع التقريبي لجميع الرسوم المدفوعة للخبراء الاستشاريين الفرعيين خلال السنة المالية الماضية:

20. Please provide a brief description of the work undertaken by these sub-consultants:

20. يرجى تقديم وصف موجز للعمل الذي قام به هؤلاء الاستشاريون الفرعيون:

SECTION VII – Techniques / Methods Employed by you

21. Are there any aspects of your activities for which this insurance is intended which?

21. هل هناك أي جوانب من أنشطتك التي يهدف هذا التأمين إليها؟

i) Comprise or include prototype or innovative construction techniques, design or material?

Yes نعم

No لا

ii) Are unusual with regards to the performance, quality, durability or tolerance required?

Yes نعم

No لا

iii) You are unfamiliar with and / or which do not fall within the scope of work with which you are thoroughly experienced?

Yes نعم

No لا

iv) You consider should be drawn to the Insurer's attention?

Yes نعم

No لا

If the answer is YES to any of the above please provide full details (if necessary, by attachment)

SECTION VIII – Claims and Circumstances

22.

i) In respect of any of the liabilities to be covered by this insurance has any claim whether successful or not, been made against you, and / or any loss been suffered by you,



PROFESSIONAL INDEMNITY PROPOSAL FORM

any predecessor or any present or former principal, partner, director or member either individually or otherwise?

Yes نعم No لا

ii) After full enquiry is any principal, partner, director, member or employee aware of any claim pending and/or circumstances existing which might give rise to any claim by or against you, any predecessor or any present or former principal, partner, director or member?

Yes نعم No لا

If the answer is YES to any of the above please provide full details (if necessary, by attachment)

NOTE: THE ANSWERS TO THESE QUESTIONS ARE NOT UTMOST IMPORTANCE 7 SHOULD ONLY BE COMPLETED AFTER FULL 7 SEARCHING ENQUIRY OF ALL THE PARTIES NAMED IN QUESTION 1 OF THIS PROPOSAL FORM. MERELY BECAUSE IN YOUR OPINION A CIRCUMSTANCE OR EVENT WHICH HAS ARISEN IS UNLIKELY TO RESULT I A CLAIM, DOES NOT MEAN THAT IT'S OCCURRENCE NEED TO BE NOTIFIED.

SECTION IX – Current / Previous Insurances

23. Are you insured or have you been previously insured by a Professional Indemnity Policy?

Yes نعم No لا

If YES, please provide details:

إذا كانت الإجابة بنعم، يرجى تقديم تفاصيل

| | |
|----------------------|--|
| Limit of Indemnity: | |
| Deductible / Excess: | |
| Expiry Date: | |
| Premium: | |
| Name of Insurer: | |

24. Has any Insurer?

21. هل هناك أي جوانب من أنشطتك التي يهدف هذا التأمين إليها؟

i) Refused to renew?

رفض التجديد؟

Yes نعم No لا

ii) Imposed special restrictions?

فرض قيود خاصة؟

Yes نعم No لا

iii) Cancelled cover?

غطاء ملغى؟

Yes نعم No لا

If the answer to any question is 'YES', please provide full details (by attachment if necessary).

إذا كانت الإجابة على أي سؤال هي "نعم"، فيرجى تقديم التفاصيل الكاملة (عن طريق المرفقات إذا لزم الأمر).



PROFESSIONAL INDEMNITY PROPOSAL FORM

SECTION X – Insurance Requirements

25. Please state the Limit of Indemnity required per claim and in the annual aggregate:

25. يرجى ذكر حد التعويض المطلوب لكل مطالبة وفي المجموع السنوي

26. Please state the Self-Insured Excess option that you are willing to bear in respect of each and every claim:

SECTION XI – Declaration

Please read the following carefully before signing and dating the below declaration.

يرجى قراءة ما يلي بعناية قبل التوقيع وتاريخ الإعلان أدناه.

It is essential that every Firm or Proposer when seeking a quotation to take out or renew any insurance discloses to Insurers all material facts and information (including all material circumstances) which might influence the judgment of an insurer in assessing whether or not to accept risk and on what terms. The obligation to provide this information continue 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.

I/we declare that after full enquiry the above particulars and statements given in this application and any other documentation and information provided in connection with this application is true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this application, declaration, documentation and information shall be the basis of the contract between myself/ourselves and the Insurer. If there is any material alteration to the particulars and statements which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurers.

Signing this application does not bind the company or the insurer to complete the insurance.

Dated: _____

بتاريخ

For and on Behalf of: (Insert name of Firm) _____

نيابة عن: (أدخل اسم الشركة)

Name and Title of Signatory: _____

اسم وعنوان الموقع

Note: This form must be signed by a Principal or Director of the Proposer

A COPY OF THIS PROPOSAL SHOULD BE RETAINED FOR YOUR OWN RECORDS