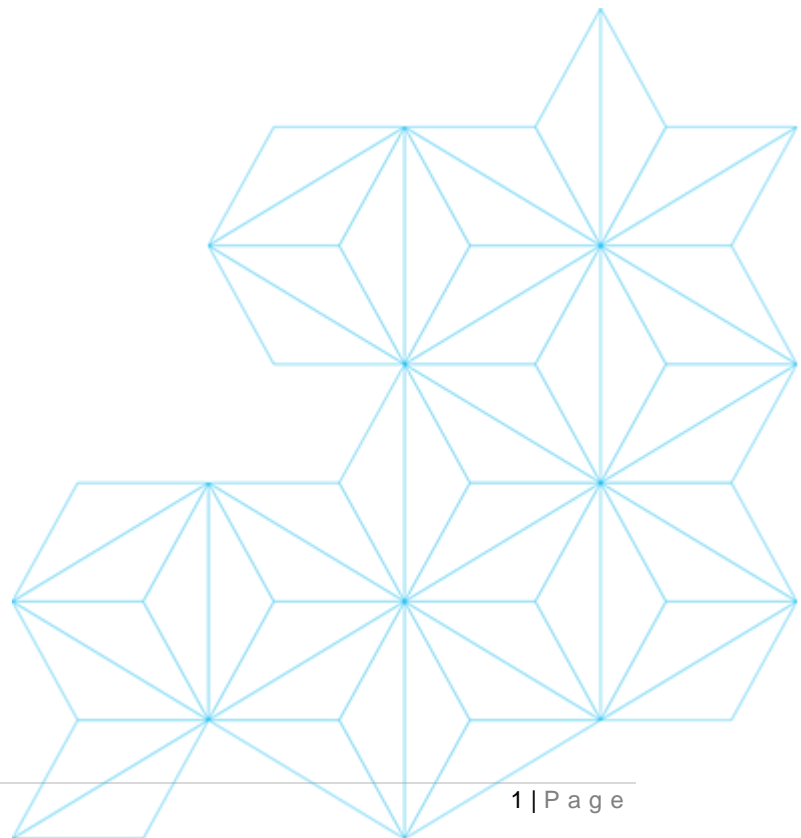


**PROFESSIONAL INDEMNITY AND PUBLIC
LIABILITY INSURANCES PROPOSAL
FORM FOR FIRMS UNDERTAKING THE
ROLE OF APPROVED INSPECTOR**



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CONTACT US

Your completed proposal form can either be emailed or posted. Please retain a copy for your own records. Please do not hesitate to contact us if you have any questions.

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1. ADVICE ON COMPLETING THE PROPOSAL FORM

To allow us sufficient time to time negotiate with Insurers, please ensure you return this proposal form as soon as possible. Wherever the word 'Principal' appears herein, this is deemed to read 'Partner(s), Director(s), Member(s) or Principal(s)'.

Many businesses either fail to allow sufficient time to complete the proposal form and/or provide inaccurate information. Insurers regard the proposal form as a reflection of the quality of the business seeking insurance; a poorly completed, untidy form can reflect badly on your business and will not assist us in securing terms.

1.1 General instructions relating to completion of the form

1. Please ensure this proposal form is completed by a Principal of the business.
2. A response to all questions must be entered. Where a question is not relevant to your business, please respond N/A.
3. Where the proposal form is completed by just one Principal, we often find that disagreements arise regarding the responses provided. It is imperative that full consultation within the business has taken place, prior to submission of this form.
4. If you are completing this proposal form by hand, it should be completed in black ink and preferably in block capitals.
5. If you have completed the form electronically, please print and sign it before returning it to us, either electronically or by post.
6. A number of questions request **YES** or **NO** answers. Please place an **x** in the appropriate box or underline the appropriate response.
7. If there is insufficient space to answer any questions please provide full details on your headed paper. Please ensure that any additional information is signed, dated and makes clear reference to the question(s) on the Proposal Form, to which it refers.
8. **If a supplement is attached to this proposal form, please tick here** .
9. Depending upon the qualifications and/or experience of the Principal(s), Insurers reserve the right to request a Curriculum Vitae and details of any circumstances or claims pertaining, in the past 5 years, irrespective of whether they were employed by the business at the time.
10. Completion of this proposal form does not automatically bind the Principal, the Firm or Insurers to effect a Contract of Insurance.
11. Wherever the word 'Employee' appears herein, this is deemed to read 'Any person who is or has been under a contract of service for or on behalf of the Firm'.
12. If you have any questions about completing this Form please contact us on 020 7133 1300.
13. A copy of this proposal should be retained for your own records.

1.2 Providing additional information

The proposal form is the basis of the contract of insurance which may ultimately ensue and the information contained herein forms the basis of disclosure to Insurers. Failure to disclose something which could be considered material may render the insurance contract voidable. This form confines itself to dealing with essential issues such as income and claims. If you feel there is additional information that is relevant to Insurers' appraisal of your business, but is not requested by this form, this should be set out on your headed paper and attached to this proposal form.

Additional information, where not requested by the proposal form, could include:

- Corporate brochure(s);
- Organisation chart(s);
- An overview of risk management;
- CV's of the Principal(s);
- A description of any services provided in the past 6 years which are no longer provided and/or any new services the business intends to provide in the future;
- An overview of the client base;
- Terms of Engagement, particularly if they restrict your liability.

1.3 Claims and circumstances

Whilst every question on the proposal form is important and constitutes material information upon which Insurers rely, Insurers will be particularly concerned with the history of claims and/or circumstances. Details of all claims and circumstances notified to previous insurers must be declared on the proposal form, accompanied by a brief description which should include:

- Overview of the job/instruction being undertaken
- Date the work, to which the allegation relates, was undertaken
- Policy year in which the notification was made to Insurers
- Alleged wrong doing
- The firm's own view on the matter
- Insurers' view on the matter (clearly differentiated from the above)
- Details of any amounts:
 - Paid by Insurers
 - Reserved by Insurers
 - Legal fees incurred by insurers

In order to ensure that all notifiable matters are declared, the recommended practice would be for each Principal and all senior members of staff to sign a declaration to the effect that he/she has investigated the areas for which he/she is responsible and can confirm that there are no claims or circumstances other than those (if any) contained in the proposal form.

After completion of the proposal form and prior to the expiry of the firm's current insurance, a check should be undertaken within the Business to ensure that there are no claims or circumstances of which anyone is aware other than those already notified in the proposal form.

If any new matters are discovered, these should be immediately notified to Howden if we are your current Broker. If we are not your current Broker, then you should notify your current Broker/Insurers and Howden. Such notifications should reach your current Broker/Insurers and Howden prior to the expiry date of the firm's current insurance.

1.4 Disclosure of material facts or information

When seeking a quotation, taking out or renewing an insurance contract it is essential that you disclose to prospective Insurers any material facts or information (including any material circumstances or change in circumstances) which might influence the judgement of Insurers in setting the premium and/or the terms and conditions of the insurance contract or in determining whether they will accept the risk. This duty of disclosure continues throughout the Policy period.

The statement made in this proposal form (including any supporting information) will form the representation to Insurers and as such will be the basis of the insurance contract.

Failure to disclose material information may render the insurance contract voidable from inception, at the option of Insurers and enable them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance, please contact us.

PROFESSIONAL INDEMNITY PROPOSAL FORM

ENGINEERING / SURVEYING FIRMS UNDERTAKING THE ROLE OF APPROVED INSPECTOR

Any information provided on this form, which may include sensitive data (e.g. medical history, criminal convictions, age), will be processed by Howden UK Group Limited in compliance with the Data Protection Act 1998 and will only be used for the purposes of providing insurance cover and handling claims arising. In the course of our duty as insurance brokers we may be required to provide such data to limited third parties including Insurers and/or circumstance required by law.

1. NAME AND ADDRESS DETAILS

Name	
Job title	
Email address	
Firm's website address	

Name of Firm (including any subsidiaries for whom cover is required):	Establishment Date:

Name of all predecessors of the firm requiring cover	Establishment Date	Cessation

Principal address and location of all other offices:

Principal address	

1. DIRECTORS / PARTNERS AND PRINCIPALS

Full Names & Title	Period of time as Partner / Director	Birth Year	Professional Qualifications

3. STAFF DETAILS

Please state numbers of:

Partners/Directors	Other qualified staff	Other staff	Self-employed persons

4. CURRENT INSURANCE ARRANGEMENTS

a) If the Firm currently has Professional Indemnity and / or Public Liability Insurance, please provide the following details:

	Professional Indemnity	Public Liability
Name of Insurers		
Limit of Indemnity		
Premium		
Excess		
Renewal Date		

4. CURRENT INSURANCE ARRANGEMENTS CONTINUED

- b) Has an Insurer ever
- i) declined to insure this Firm or any Partner? YES NO
 - ii) imposed special terms? YES NO
 - iii) cancelled or voided insurance? YES NO

If any answer is **YES** please give full details:

5. NEW POLICY ARRANGEMENTS

For what **Professional Indemnity** limit do you require a quotation?

For what **Public Liability** limit do you require a quotation?

6. FEE INCOME

a) State gross fees received in the past three financial years ending ____ (day) _____ (month) and an estimate of the fees for the forthcoming year (excluding disbursements).

	Last Year	Previous Year	Year Before	Forthcoming Year
UK				
USA/Canada				
Elsewhere				
Total				

6. FEE INCOME continued

b) Split of gross fees (excluding disbursements) received in the last completed financial year:

		£ UK	£ USA / Canada	£ Elsewhere
(a)	Approved Inspector			
(b)	Consulting Engineering			
	Civil / Structural			
	Soil & Foundation			
	Mechanical / Electrical			
	Heating & Ventilation			
(c)	Services Engineering			
(d)	Architectural / Town Planning			
(e)	Quantity Surveying			
(f)	Structural Surveys			
(g)	Asbestos Surveys			
(h)	Expert witness / Adjudication			
(i)	Project Management			
(j)	Residential Surveys			
(k)	Residential Valuations			
(l)	Commercial Surveys			
(m)	Commercial Valuations			
(n)	All other work not listed above (please insert details below:			
	Total Gross Fees received	£	£	£
Please describe other work as included in (n) above				

6. FEE INCOME continued

c) Has the Firm undertaken the following services over the past 5 years?

i.	Residential Surveys	YES		NO	
ii.	Residential Valuations	YES		NO	
iii.	Commercial Surveys	YES		NO	
iv.	Commercial Valuations	YES		NO	
v.	Rent reviews / Lease Renewals	YES		NO	

If 'YES' to any of the above, please request a supplementary Survey & Valuation Questionnaire to complete.

d) If any fees, included in response to any question in section 6 are paid by the Firm to any independent specialist consultants please provide the following:

Name of Firm / Individual	Professional Discipline	Fees Paid (Last Financial Year)

e) Please give approximate percentage of total gross fees (if applicable) to the following categories:

i)	Chemical, Petrochemical, Offshore projects	%
ii)	Nuclear Projects	%
iii)	Sewage/Water Schemes	%
iv)	Bridges, Tunnels and Dams	%
v)	Bulk Handling Equipment	%
vi)	Sea Defence Projects	%
vii)	Railways	%

f) Please give approximate percentage of total gross fees (if applicable) to the following categories:

i)	Schools & Universities	%
ii)	Industrial	%
iii)	Medical	%
iv)	Individual Housing	%
v)	Multiple Housing	%
vi)	Hotels and Leisure Centres	%
vii)	Commercial	%
viii)	Others (please specify)	%

7. CONTRACTS WITHIN THE UNITED KINGDOM

a) Please state the five largest contracts awarded to the Firm where construction has commenced or been completed within the past six years:

Start date	Practical completion date	Description of contract	Total contract value	Fee	Extent of service provided

b) Please state the five largest contracts awarded to the Firm where construction is expected to start within the next twelve months:

Start date	Practical completion date	Description of contract	Total contract value	Fee	Extent of service provided

c) Please give approximate percentage of total gross fees applicable to the following categories:

- i) Total contract value is less than £25,000
- ii) Total contract value is between £25,001 - £100,000
- iii) Total contract value is between £100,001 - £500,000
- iv) Total contract value is between £500,001 - £5,000,000
- v) Total contract value is between £5,000,001 - £50,000,000
- vi) Total contract value is greater than £50,000,001

	%
	%
	%
	%
	%
	%

8. CONTRACTS OUTSIDE THE UNITED KINGDOM

a) Does the Firm undertake or has it undertaken any contracts whatsoever where the “end product” of such work is outside

If **YES** please give details

Country	Start date	Completion date	Description of contract:	Total contract value	Fee	Extent of service provided

- b) Does the Firm work or has it worked other than from its UK office? **YES** **NO**
- c) Does the Firm enter into contracts where the jurisdiction is other than UK courts? **YES** **NO**

If the answer to any of the above is **YES**, full details are required. Please list the jurisdictions and the gross fees derived from each and provide a copy of the relevant contracts.

d) Please give approximate percentage of total gross fees applicable to the following categories

i) Total contract value is less than £25,000	%
ii) Total contract value is between £25,001 - £100,000	%
iii) Total contract value is between £100,001 - £500,000	%
iv) Total contract value is between £500,001 - £5,000,000	%
v) Total contract value is between £5,000,001 - £50,000,000	%
vi) Total contract value is greater than £50,000,001	%

9. CONSORTIUM / JOINT VENTURE

- a) Is the Firm or any Partner a member of a consortium or joint venture or engaged with any other Firm or person in a Single Project Partnership? YES NO
- b) Has the Firm or any Partner previously been a member of a consortium or joint venture or engaged with any other Firm or person in a Single Project Partnership? YES NO

If the answer to either of the above is **YES**, please give the names of other members/partners and their capacities in the consortium/joint venture.

Note – Special arrangements must be made with underwriters if coverage is required for work done whilst a member of a consortium or joint venture. In such cases a copy of the consortium agreement will be required.

10. OTHER FINANCIAL INTEREST

- Does the Firm or any Partner have any association with, or financial interest in any other Firm or organisation (other than a share or stockholder in a Publicly Quoted Company)? YES NO

If **YES** give full details of the nature of the association or interest, together with the name and business of the firm or organisation.

11. CLAIMS

- a) Please list, in respect of the Firm, its current Partners/Directors, retired Partners/Directors and/or Predecessors of the Firm, for the last 10 years
 - i) all claims made against any of them and
 - ii) all circumstances or events disclosed to Insurers

If none state 'NONE'

Date of claim	Details	Amount claimed	Amount paid	Claimant's costs (if known)	Defence costs (if known)	Other comments

11. CLAIMS

b) Are any of the Partners/Directors **AFTER ENQUIRY** of all staff and consultants aware of any circumstances or events which may give rise to a claim against the Firm or its Predecessors which have not already been notified? **YES** **NO**

If **YES** please give full details

12. IMPORTANT NOTICE CONCERNING DISCLOSURE OF MATERIAL INFORMATION

It is essential that every Proposer or Insured, when seeking a quotation, taking out or renewing an insurance, discloses all material facts to Insurers. A material fact is one that is likely to influence the judgement of an Insurer in fixing the premium or in determining whether to accept the risk. If your proposal is a renewal it should include any changes in facts previously advised to Insurers. If you have any doubt about facts considered material you should disclose them.

Failure to disclose could prejudice your rights to indemnity in the event of a claim or cause Insurers to void your policy.

13. DECLARATION

Please read the declaration carefully and sign at the bottom

I / We declare that the statements made and particulars given in the Proposal are true and I / We have not mis-stated or suppressed any material fact

I / We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance

Signature of Partner/Director

Date

Name of Partner/Director

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

PUBLIC LIABILITY PROPOSAL FORM

ENGINEERING / SURVEYING FIRMS UNDERTAKING THE ROLE OF APPROVED INSPECTOR

Any information provided on this form, which may include sensitive data (e.g. medical history, criminal convictions, age), will be processed by Howden UK Group Limited in compliance with the Data Protection Act 1998 and will only be used for the purposes of providing insurance cover and handling claims arising. In the course of our duty as insurance brokers we may be required to provide such data to limited third parties including Insurers and/or circumstance required by law.

1. COMPANY NAME

Name of Firm (including any subsidiaries for whom cover is required):

2. WORK DETAILS

a) Do you have any direct employees involved in manual work? **YES** **NO**

If **YES** give full details including annual wages paid:

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b) Do you hire mechanically propelled plant? **YES** **NO**

If **YES** give full details including annual hiring charges:

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c) Do you engage Sub-Contractors to undertake manual work on your behalf? **YES** **NO**

If **YES** give full details, including annual payments to such Sub-Contractors and minimum requirements imposed upon Sub-Contractors in respect of Public Liability Insurance:

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2. WORK DETAILS continued

d) Do you have engage in any offshore work?

YES NO

If **YES** give full details:

OTHER INSURANCE REQUIREMENTS

It is vital your insurance programme meets the evolving needs of your business. Whilst many organisations keep a close eye on their most expensive, business critical insurances, it is not uncommon for other forms of insurance to be continued with no verification of whether they remain appropriate to business needs.

Combining our in-depth knowledge of the professional sectors we serve with the product expertise and global knowledge of the Howden Broking Group enables us to handle the most complex insurance programmes. If you are interested in other forms of insurance please tick the relevant box(s) below and we will arrange for a member of the relevant specialist team to contact you:

Employee Benefits		Bespoke Private Client Insurance	
Pension Auto Enrolment		(Household, Contents, Fine Art, Valuables, Motor, Overseas Property)	
Group Death in Service			
Private Medical Insurance		Commercial Insurances	
Keyman and Shareholder Protection		Business Travel	
		Expatriate Medical Insurance	
Directors and Officers Insurance		Environmental Liability Insurance	
		Property Insurance	
Cyber Insurance		Block Management Insurance	
Intellectual Property and Patent Insurance		Motor Fleet	
Political Risk Insurance			
Transactional Risk Insurance		Business Interruption	
Single Project Insurance			
Contractors all Risks			
Other (please specify below)			

If the person responsible for any of the insurances listed above is that other than the person responsible for buying PII please complete the following:

Name:

Telephone Number:

Email address: