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## Architects' Professional Indemnity Insurance Proposal Form

### Special notice

This proposal must be completed in by a partner, principal or director of the firm or company. All questions must be answered to enable a quotation to be given.

### Your duty to make a fair presentation of the risk

Material information is information that would influence an Insurer in deciding whether a risk is acceptable and, if so, the premium, terms and conditions to be applied. In addition, the Insurance Act 2015 sets out whose knowledge of material information you must disclose. As an organisation you will be deemed to know all material information that is known to your senior management and those responsible for arranging your insurance, and which should have been revealed by a reasonable search. Your search will need to include information which is held by other persons such as your agents, outside advisers (including lawyers and consultants), suppliers/service providers etc.

There are clearly limits to the search you, and we, can carry out. Please talk to your usual Aon adviser if you are in any doubt about what information needs to be disclosed.

#### 1 a Name of practice (including any predecessor(s) if cover is required)

#### b Indicate status ie practice, limited liability company, unlimited liability company or limited liability partnership

#### 2 Date(s) established

/
/

#### 3 Profession(s) of proposer

#### 4 a Address and contact details

	Tel	Fax
	Email	
Postcode	Website	

#### b Do you have any offices or assets in territories outside the UK?

Yes  No

*If yes, please list*

#### c Do you work solely from home?

Yes  No

#### d Do you have any US domiciled interests to be insured under this policy?

Yes  No

*For example – having a US office that is subsidiary of a UK parent, or having a US registered address, would count as having a US domiciled interest, whereas providing services to a US client from a UK office (even if it requires you to visit the US) would not.*

#### 5 Please state number of

a Partners/directors/principals	d Trainee staff
b Qualified staff	e Typists/office staff
c Draughtsmen	f All other staff

**6 Details of partners/directors/principals**

Names in full of all partners/directors/principals	Qualifications	Date obtained	How long partner/director/principal in practice

**7 Are there any beneficial owners?\***

Name	Position	Beneficial owner	
		Yes <input type="radio"/>	No <input type="radio"/>
		Yes <input type="radio"/>	No <input type="radio"/>
		Yes <input type="radio"/>	No <input type="radio"/>
		Yes <input type="radio"/>	No <input type="radio"/>

\*Any individual or organisation which directly or indirectly, owns or controls at least 25% of the shares or voting rights.

**8 Give names of partners/directors/principals who are deceased or who have retired or left, together with details of their professional qualifications and the date(s) at final completion of service**

**9 Have you previously held or do you now hold a professional indemnity policy?**

Yes  No

If yes, please state (This information is not required for policies being renewed through Aon)

a Indemnity limit	£ <input type="text"/>	b Identity of insurers	<input type="text"/>
c Expiry of cover	<input type="text"/> / <input type="text"/> / <input type="text"/>	d Policy excess	£ <input type="text"/>
e Period continuously insured	<input type="text"/>	f Premium	£ <input type="text"/>

**10 Has any insurer**

- a Declined a proposal for this practice or for any partner/director/principal? Yes  No
- b Declined to offer renewal terms? Yes  No
- c Cancelled or voided a policy? Yes  No
- d Required a special premium increase or special terms? Yes  No

If yes, please give or attach full details

**11 Have any claims for professional negligence, error or omissions or the like ever been made against the practice or its partners both past and present during the past 10 years?**

Yes  No

If yes, please give or attach full details

**12 Has any partner/director/principal been personally involved in a claim/circumstance either whilst working on his/her own account or for a practice/firm other than detailed in Question (1) regardless of when the claim/circumstance occurred?**

Yes  No

If yes, please give or attach full details

**13 Are any of the partners/directors/principals aware, after enquiry, of any claim pending or of any circumstance which may or could give rise to a claim?**

Yes  No

If yes, please give or attach full details



**15 State the approximate percentages applicable to the following categories of work undertaken in the past FIVE years**

Medical	%	Industrial	%	Government department contracts	%
Schools	%	Ecclesiastical	%	Housing associations/co-operatives	%
Universities	%	Individual housing	%	Commercial	%
Local authority contracts	%	Multiple housing	%	Other (please specify)	%

**16 Have you ever or do you plan to provide advice, design, specification or installation of cladding/insulation similar to that used on Grenfell Tower?** For example: Aluminium Composite Material (ACM), Reynobond PE; Reynolux; other product involving aluminium coated with polyethylene core [not exhaustive]

Yes  No

*If yes, please provide further details or attach full details*

**17 When independent or specialist consultants are required for any commission, have you in the past endeavoured to, and will you in the future endeavour to ensure, that such consultants are appointed directly by and paid for by your client?**

**a In the past** Yes  No  **b In the future** Yes  No

**18 Does the proposer work full time for the firm mentioned in answer to Question (1)?**

Yes  No

*If no, please give or attach full details*

**19 Does the practice or any of its partners/directors/principals act in any capacity other than those mentioned in answer to Question (3), or have they, or any of them any association or financial interest in any company firm or organisation?**

Yes  No

*If yes, give full details including whether such third parties are associated with any process of manufacture, erection supply or any form of contracting which is involved on any project or projects which include the proposer*

**20 a Is the practice working solely from its United Kingdom office(s)?**

Yes  No

*If no, please give or attach full details of arrangements*

**b Within the past five years, has the practice participated in contracts where there is any involvement outside the United Kingdom?**

Yes  No

*If yes, please state*

	Nature of contract and country concerned	Total value of contract	Starting date	Completion date
1				
2				
3				
4				

**21 Does the practice/proposer require the insurers to undertake liabilities other than under United Kingdom jurisdiction?**

Yes  No

*If yes, please state contracts and countries involved*

**22 Is the practice or any partner/director/principal a member of a consortium or group practice?**

Yes  No

*If yes, give the names of other members and their capacities in the consortium*

N.B.: Special arrangements must be made with insurers 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.

23 Please state the total certified building values in the past twelve months

24 Does the proposer undertake contracts without remuneration? Yes  No

If yes, please give or attach details

25 Over the past five years has twenty-five per cent or more of the proposers work come from one client and/or one group of companies? Yes  No

If yes, please state

a Identity of client

b Percentage of work  %

26 Give for the whole practice

a Accounting period year end  / /

b Details of your gross fees for each of the past five years

Year	UK contracts	Overseas contracts
	£	£
	£	£
	£	£
	£	£
	£	£

c Gross fees earned in past twelve months from the following work

	UK	Overseas
1 Architectural	£	£
2 Structural surveys	£	£
3 Inspection reports	£	£
4 Valuations	£	£
5 Town planning	£	£
6 Quantity surveying	£	£
7 Interior design	£	£
8 Non-structural refurbishment	£	£
9 Landscape	£	£
10 Feasibility	£	£
11 Work normally undertaken by an engineer	£	£
12 Aborted/held over work	£	£
13 Planning supervisor/CDM co-ordinator	£	£
14 Any work, other than that listed above (please specify)	£	£
<b>TOTAL</b>	£	£

15 Identify any of the above fees paid by you to any independent specialist consultant and list the profession(s) below:

	£	£
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27 Please give an estimate of your gross fees for the coming year

28 a Please state the limit of indemnity required under the policy

b Would you like quotations for alternative limits? Yes  No

If yes, please indicate limits required

29 Does the firm have a valid Employer's Liability Certificate? Yes  No  Expiry Date

30 Are there any submissions to which the proposer wishes to draw the attention of underwriters, or any other information in your possession, or to your knowledge material to any estimate of the risk to be insured? Yes  No

*If yes, please give or attach full details*

**Declaration**

I/We declare the following:

- i I/We understand that I/We have a legal duty to make a fair presentation of the risk to be insured and that failure in this duty could result in the policy being invalidated and/or any claims not being paid or not being paid in full
- ii All facts, provided within this proposal form, or provided separately as part of this application for insurance, are true or substantially true and any representations as to matters of expectation or belief are made in good faith
- iii I/We understand that by submitting this proposal form I/We consent to the information being used by Aon and Insurers (including Underwriting Managers on Insurers behalf) for the purpose of providing insurance, underwriting, processing, claims handling and preventing fraud
- iv I/We understand that completion of this proposal form does not bind the Insurer to a contract of insurance
- v If any information provided as part of this application for insurance materially changes before a contract of insurance is concluded, I/We will immediately advise Aon or the Insurer

For and on behalf of (name of firm/organisation)

Signature of partner/director  
*Signature not required if submitting electronically*

Date

Please save or print a copy for your records. Click the submit form button to return the completed form.