



PROFESSIONAL INDEMNITY INSURANCE ARCHITECTS-CONSULTING ENGINEERS PROPOSAL FORM

NOTICE: All information provided is confidential.

Company Name:			
Professional Activity:			
Address:	Website:		
Tel:	Fax:	Email:	
Tax Registration Nr / Year Establish	ed:/		•••
2. DETAILS OF PRACTICING PR	INCIPALS-PARTNERS-OFFICERS		
Full Name	Qualifications – Years of Experience	Position in Firm – Ye	ears
Principals- Partners- Officers (see abo	ve):		
Qualified Architects & Engineers:			
Draughtsmen:			
Other qualified staff (specify):			•
Non Technical – Administration staff			
Total Nr of Personnel:			
3. GENERAL QUESTIONS / FENI	VES EDOTUSEIS		
a) Do you give work to independent	Firms, Subcontractors or Specialists? irms, Subcontractors/ Specialists is not cover	ed under your Policy /	YES NO
b) Is a major part of the work carried (If YES, give details of work and %	· · · · · · · · · · · · · · · · · · ·		YES NO
c) Does the Firm engage in projects.	4.1 10		



Coverholder at	LLOYD'S
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4. NATURE & VOLUME OF COMPANY'S ACTIVITIES

a)	Division of profess of total fees	sional activity & respect	tive %	b)	Division of Firm's activities (% of t	total income)	
	Architectural Desig	n-Studies	%		Feasibility studies, Cadastral surveys, etc		%
	Civil Engineering		%		Houses, offices, hospitals, municipal building		%
	Structural Engineering		%		Industrialized system buildings		%
	Geotechnical-Soil Engineering		%		Airports		%
	Electro – Mechanic	al Engineering	%		Sewerage, water supply schemes		%
	Topographical Surv	vey Engineering	%		Roads, Bridges and/or Tunnels		%
	Occupational Safety & Health		%		Dams, ports/harbors, jetties		%
	Industrial-Chemica	l Engineering	%		Mines, subways or sub-aqueous works		%
	Surveys - Environn	nental Consulting	%		Chemical, petrochemical & industrial plants		%
	Other (specify)		%		Other (specify)		%
	Consulting (specify GROSS INCOME 1	rt (turn-key contracts) r) FEES (last 2 years & est	timation f	or c	1		
	EES (€) / YEAR	20		20	. 20		
	Domestic activities		+				
	broad						
1	OTAL						
6.	EXPERIENCE (La	rgest & typical projects	during tl	ne la	st years)		
	PERIOD DESCRIPTION				TOTAL FEI	ES (€)	



7. PREVIOUS INSURANCE – CLAIMS

Have you previously been insured? \(\text{YES} \)	NO If YES, specify below	
Insurance Company	Policy Period	Limit of Indemnity
a) Have any claims been made against your First b) Are you aware of circumstances that may res If YES, give details:	sult in claim?	
S. INDEMNITY REQUIRED Any one Claim: ☐ 1,000,000€ Aggregate: 2,000,000€	☐ 2,000,000€ 4,000,000€ ☐ Other:	
Deductible: 1.5% of the total annual fees wine Extensions Required Extended Geographical Scope YES NO	th minimum amount 1,000€ ☐ If YES specify countries	Other:
I declare that the statements and particula suppressed any material facts. In case insurvith any other information supplied by mathereon. I/We undertake to inform Under completion of the Contract of Insurance.	urance cover is concluded, I/We ane/us shall form the basis of any	agree that this Proposal together Contract of Insurance effected
Date: /	Con	npany Seal
Signature / Name (Partner/Principal/Director):		