

4. NATURE & VOLUME OF COMPANY'S ACTIVITIES

a) Division of professional activity & respective % of total fees

b) Division of Firm's activities (% of total income)

<input type="checkbox"/>	Architectural Design-Studies	... %	<input type="checkbox"/>	Feasibility studies, Cadastral surveys, etc	... %
<input type="checkbox"/>	Civil Engineering	... %	<input type="checkbox"/>	Houses, offices, hospitals, municipal buildings	... %
<input type="checkbox"/>	Structural Engineering	... %	<input type="checkbox"/>	Industrialized system buildings	... %
<input type="checkbox"/>	Geotechnical-Soil Engineering	... %	<input type="checkbox"/>	Airports	... %
<input type="checkbox"/>	Electro – Mechanical Engineering	... %	<input type="checkbox"/>	Sewerage, water supply schemes	... %
<input type="checkbox"/>	Topographical Survey Engineering	... %	<input type="checkbox"/>	Roads, Bridges and/or Tunnels	... %
<input type="checkbox"/>	Occupational Safety & Health	... %	<input type="checkbox"/>	Dams, ports/harbors, jetties	... %
<input type="checkbox"/>	Industrial-Chemical Engineering	... %	<input type="checkbox"/>	Mines, subways or sub-aqueous works	... %
<input type="checkbox"/>	Surveys - Environmental Consulting	... %	<input type="checkbox"/>	Chemical, petrochemical & industrial plants	... %
<input type="checkbox"/>	Other (specify).....	... %	<input type="checkbox"/>	Other (specify).....	... %

c) Responsibilities (% of total income)

- Design only ... %
- Supervision of construction ... %
- Project management (turn-key contracts) ... %
- Consulting (specify) ... %

5. GROSS INCOME FEES (last 2 years & estimation for current year)

FEES (€) / YEAR	20...	20...	20...
Domestic activities			
Abroad			
TOTAL			

6. EXPERIENCE (Largest & typical projects during the last years)

PERIOD	DESCRIPTION	TOTAL FEES (€)

7. PREVIOUS INSURANCE – CLAIMS

Have you previously been insured? YES NO If YES, specify below

Insurance Company	Policy Period	Limit of Indemnity

- a) Have any claims been made against your Firm during the past years? YES NO
 b) Are you aware of circumstances that may result in claim? YES NO

If YES, give details:.....

8. INDEMNITY REQUIRED

Any one Claim: 1,000,000€ 2,000,000€ Other:
 Aggregate: 2,000,000€ 4,000,000€

Deductible: 1.5% of the total annual fees with minimum amount 1,000€ Other:

Extensions Required

Extended Geographical Scope YES NO If YES specify countries

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I declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated or suppressed any material facts. In case insurance cover is concluded, I/We agree that this Proposal together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the Contract of Insurance. /

Company Seal

Date: /..... /

Signature / Name
 (Partner/Principal/Director):