

**PROFESSIONAL INDEMNITY INSURANCE
Individual ARCHITECTS & ENGINEERS
PROPOSAL FORM**

IMPORTANT NOTICE

- All questions must be answered.
- All information provided is confidential.

I. GENERAL DATA

Full Name:		
Qualification:	Registration Year:	
Address:		
Tax Registration No:		
Tel:	Fax:	Email:

II. TOTAL FEES (€)

FEES (€) / YEAR	2016	2017	2018 (estimation)
Domestic activities			
Abroad			
TOTAL			

III. NATURE & VOLUME OF ACTIVITIES

- | | | | |
|---|------|---|------|
| <input type="checkbox"/> Architectural Design - Studies | ...% | <input type="checkbox"/> Topographical Survey Engineering | ...% |
| <input type="checkbox"/> Civil Engineering | ...% | <input type="checkbox"/> Occupational Safety & Health | ...% |
| <input type="checkbox"/> Structural Engineering | ...% | <input type="checkbox"/> Industrial-Chemical Engineering | ...% |
| <input type="checkbox"/> Geotechnical - Soil Engineering | ...% | <input type="checkbox"/> Surveys - Loss Adjustments | ...% |
| <input type="checkbox"/> Electro – Mechanical Engineering | ...% | <input type="checkbox"/> Other (specify) | ...% |

IV. PLEASE ANSWER ALL QUESTIONS

- | | | |
|--|------------------------------|-----------------------------|
| 1. Is a major part of your work carried out for only one Client? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you carry out professional activities outside of your Country? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are you involved in contracts with value more than €10,000,000? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you earn in excess of € 30,000 for any project? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have any claims ever been made against you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are you aware of any circumstances that may result in a claim? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Where YES, refer Nr of question & give details below

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V. INDEMNITY REQUIRED

- Any one Claim/ Aggregate per Year: 500,000€ / 1,000,000€ 1,000,000€ / 2,000,000€
- Deductible: 1,000€ 2,000€ 4,000€

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.

Date:

Stamp
Signature-Name