

# SINGLE PROJECT PROFESSIONAL INDEMNITY

NOTE: THIS IS A PROPOSAL FOR A 'CLAIMS MADE' POLICY

*NOTE: Please provide any necessary explanations or additional details by attachment to this Proposal Form and specify the attachments in the space provided in Section 18. This proposal can be applied both in the case of a Design & Build project structure and in circumstances where all Assureds are pure Professional Consultants.*

## Question 1.

1.1 Name and address of main Proposer

**Contract Awarded?**

**Yes**  **No**

Role in the project (e.g. Prime Engineering Consultant or Contractor),  
and summary of professional Duties:

1.2 Name of other parties to be included for this insurance and the professional duties they will perform:

Name	Professional	<b>Contract Awarded?</b>	
_____	_____	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
_____	_____	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
_____	_____	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
_____	_____	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
_____	_____	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

1.3 Name of Principal/ Funding Agency/ Developer (If different from any of the above):

1.4 Are any parties named above financially associated with any Practice or company involved in this project (whether proposing for this insurance or otherwise)?  
If 'Yes', please provide full details by attachment.

1.5 Will any of the parties to be included for this insurance operate from offices within territories under the legal jurisdiction of i) USA or ii) Canada?

**Yes**  **No**  if 'Yes' please highlight this, marking by their name (\*\*USA or \*Canada and provide full details by attachment

1.6 Have any of the parties to included for this insurance been established for less than 5 years?

**Yes**  **No**  If 'Yes' please provide full details by attachment.

1.7 Please complete a Contractual Matrix on Attachment 'A'.

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## Question 2.

Please provide details of the project for which insurance is sought:

- 2.1 Title and Location of the project:
  - 2.2 Legal Jurisdiction to which this insurance should respond (E.g. "U.K. Only):
  - 2.3 Brief description of the project (**please provide full details by attachment**):
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## Question 3.

Please summarize from the Contractual Matrix detailed in attachment 'A':

- 3.1 The Estimated Gross Project Value:
  - i) Total:
  - ii) To be insured hereunder:
- 3.2 The Estimated Gross Professional Fees (actual or 'notional', and net of Reimbursable Expenses):
  - i) Total:
  - ii) To be insured hereunder:

**N.B** In the case of a Design & Build project structure, the Estimated Gross Project Value should include the value of all work to be executed, all goods and, materials to be supplied, and all Gross Professional Fees (actual or 'notional') associated with the professional Duties to be performed Gross Professional Fees should include fees paid through to sub-consultants.

- 3.3 Please provide by attachment a detailed breakdown of the Estimated Total Project Value for the entire Project (or part of the project) for which this insurance is intended.

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**Question 4**

4.1 Please summarize the expected time schedule for the project:

	2004	2005	2006	2007	2008	2009	2010	2011	Total
Design									
Construction									
Maintenance									

**Example:**

Design	4	4							12 months
Construction	8		8						24 months
Maintenance			8	8					12 months

Where 4 = April, 8 = August etc.

48 months

4.2 Is there a requirement under contract for professional indemnity insurance to continue in force beyond completion of the contractual Maintenance Period?

Yes  No  If 'Yes', what further period is required?

4.3 What is the anticipated date for starting on site?

4.4 When are you expecting this professional indemnity insurance to incept?

4.5 **Please provide a complete Project Bar Chart/Time Schedule by attachment.**

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**Question 5.**

5.1 Please state the basic form(s) of Contract under which the various professional responsibilities (and construction responsibilities in the case of Design and Build) will be performed:

5.2 Please point out all Contract conditions which describe or otherwise relate to the Proposers Professional Duties for which this insurance is sought:

5.3 Where possible please attaché full copies of the main Contract(s) or relevant clauses

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**Question 6**

Please summarize the approximate split of project value into nature of work involved:

Feasibility Studies/Reports	%
Environmental Studies	%
Land Fill/Land Fill Reclamation	%
Telecommunications (Land-based)	%
Power Transmission/Distribution (Land –based)	%
Industrialized System Buildings	%
Heating & Ventilating/Air conditioning/Refrigeration Services	%
Airports (Terminals and all airside work)	%
Sports Stadia /Associated Facilities	%
Other Building Works (excluding associated civil work) of (number) storeys	%
<i>Civil Works</i>	
- Pilling & Foundation work	%
- Highways	%
- Water/Sewerage/Waste – water/ Agricultural Resource Development	%
- Bridges & Over passes of more than 250m crossing span	%
- Cut & Cover Tunneling, Culverts, Underpasses	%
- Submersed Tunneling	%
- Bored Tunneling less than 250m bored length	%
- Bored Tunneling of more than 250m bored length	%
- Shaft Sinking	%
- Railways	%
- Harbors/Jetties/Other Sea Defenses	%
Outfall Sewer	%
Other off shore Pipelines	%
On-shore Pipelines (as part of individual installations)	%
On-shore Pipeline (other than as part of individual installations)	%
Dams/Reservoirs	%
Hydro-electric Installations	%
Other Power Generation Works (Thermal/Thermal Co-generation/Waste – to Energy)	%
Nuclear Power Plant	%
Cooling Towers/Silos	%
Chemical & Petro-chemical Plant	%
Conveying/crushing/screening/milling plat	%
Solvent extraction & leaching equipment	%
Other Process Plant	%
Other (please specify, if necessary by attachment)	%
.....	%
.....	%
	<hr/>
	100 %

**Question7**

Please state which of the following Professional Duties are required to be performed by or on behalf of the Proposer in connection with this Project:

	<b>Yes</b>	<b>No</b>
Administering retention fund	<input type="checkbox"/>	<input type="checkbox"/>
Agreeing clearing, forwarding & customs dues	<input type="checkbox"/>	<input type="checkbox"/>
Approval of detailed Drawings	<input type="checkbox"/>	<input type="checkbox"/>
Arranging site insurance	<input type="checkbox"/>	<input type="checkbox"/>
Authorizing progress payments	<input type="checkbox"/>	<input type="checkbox"/>
Cash flow forecasts	<input type="checkbox"/>	<input type="checkbox"/>
Certifying final competition	<input type="checkbox"/>	<input type="checkbox"/>
Certifying final payment	<input type="checkbox"/>	<input type="checkbox"/>
Co-ordination/expediting	<input type="checkbox"/>	<input type="checkbox"/>
Cost estimates	<input type="checkbox"/>	<input type="checkbox"/>
Design criteria	<input type="checkbox"/>	<input type="checkbox"/>
Drafting Contract conditions	<input type="checkbox"/>	<input type="checkbox"/>
Feasibility Studies	<input type="checkbox"/>	<input type="checkbox"/>
Flow sheets	<input type="checkbox"/>	<input type="checkbox"/>
Geotechnical services	<input type="checkbox"/>	<input type="checkbox"/>
Inspection of installation work	<input type="checkbox"/>	<input type="checkbox"/>
Instructions to Tenderers	<input type="checkbox"/>	<input type="checkbox"/>
Issuing variations orders	<input type="checkbox"/>	<input type="checkbox"/>
Measurement	<input type="checkbox"/>	<input type="checkbox"/>
Quality control & assurance	<input type="checkbox"/>	<input type="checkbox"/>
Quantity estimates	<input type="checkbox"/>	<input type="checkbox"/>
Settling contractual claims	<input type="checkbox"/>	<input type="checkbox"/>
Supervision of commissioning	<input type="checkbox"/>	<input type="checkbox"/>
Tender adjudication	<input type="checkbox"/>	<input type="checkbox"/>
Working drawings	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify, if necessary by attachment):	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>

Note: Irrespective of whether contracts are signed under a Design & Build project structure, this insurance does **Not** provide cover for claims arising out of the supervisory activities which under a traditional form of contract would be the responsibility of the building or engineering contractor rather than being the Professional Duty of the professional team.

**Question 8**

Please categorize all the Professional Duties required to be performed by or on behalf of the Proposer in connection with this project:

Activity	Total Gross Fees Including any amount sub-contracted	Fees sub-contracted
8.1 Engineering <ul style="list-style-type: none"> <li>i) Civil</li> <li>ii) Structural</li> <li>iii) Soil &amp; Foundation</li> <li>iv) Mechanical</li> <li>v) Electrical</li> <li>vi) Heating &amp; Ventilation</li> </ul>		
8.2 Architectural		
8.3 Quantity Surveying		
8.4 Project Management		
8.5 Project Co-ordination		
8.6 Any other-please specify (by attachment if necessary) ..... ..... ..... .....		<input style="width: 40px; height: 20px;" type="checkbox"/>
<b>TOTAL</b>		

\* or "notional" fees included within the Total Estimated Contract Value in the case of Design & Build

**Question 9**

9.1 Please provide the following details of staff (including agency staff) employed to carry out the professional Duties listed in Questions 7 and 8 above (**please provide further details by attachment if necessary**).

Name	Age	Duties	Professional Qualifications	Employed Since
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9.2 If any of the staff listed in 9.1 above are not professionally qualified to carry out the Professional Duties required to be performed by or on behalf of the Proposer in connection with this Project, Please attach full details of appropriate practical experience acquired in this and previous employment.

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**Question 10**

- 10.1 Please state the Proposer (or any of the parties named in Question 1 of this proposal will engage the services of independent sub-consultants? **Yes**  **No**
- 10.2 if 10.1 is '**Yes**', is coverage under this insurance intended to include such sub-consultants:
- i) with a waiver of rights of subrogation against them? **Yes**  **No**
- ii) without a waiver of rights of subrogation against them? **Yes**  **No**
- 10.3 If 10.2(ii) is '**Yes**', will the Proposer ensure that:
- i) Such consultants have professional indemnity insurance for not less that the amount of cover requested by this proposal for this insurance? **Yes**  **No**
- ii) such consultants are required *under their* contracts have professional indemnity insurance for not less that the amount of cover requested by this proposal for this insurance? **Yes**  **No**
- Or iii) will the Proposer ensure that such consultants will be engaged directly by the Proposer's Principal? **Yes**  **No**
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**Question 11.**

**Are there any aspects of the project (or part of the project) for which this insurance is intended which:**

- 11.1 comprise or include prototype or innovative construction techniques, designs or materials? **Yes**  **No**
- 11.2 are unusual with regard to the performance, quality, durability, or tolerance required? **Yes**  **No**
- 11.3 the Proposer is unfamiliar with and/or which do not fall within the scope of work with which the Proposer is thoroughly experienced? **Yes**  **No**
- 11.4 the Proposer considers should be drawn to underwriters' attention? **Yes**  **No**

If '**Yes**', please provide full details (if necessary by attachment):

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**Question 12.**

Please state if the Proposer (or any of the parties named in Question 1 of this Proposal)  are aware of:

12.1 Any costs incurred by them in the past or any claim made against them arising from any actual or alleged negligent act, error or omission in the performance of their Professional Duty (whether insured or not)

Yes  No

12.2 Any circumstances or event which might give rise to a claim for which cover would have been granted had this proposed policy been in force.

Yes  No

**If the answer to either of the above is 'Yes', please provide full details by attachment.**

Note: The answers to these questions are of the utmost importance & should only be completed after full & searching enquiry. Merely because in the Proposer's opinion a circumstance or event which has arisen is unlikely to result in a claim does not mean that its occurrence need not be notified. Design & Build building or engineering contractors should consider their responses with extra care especially with regard to uninsured or unclaimed cost or expense incurred prior to handover of the works, if in any doubt, give full details by attachment.

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**Question 13.**

Is the Proposer currently insured or has he previously proposed for or been insured by a professional indemnity policy?

Yes  No

If 'Yes' :

13.1 with whom?

13.2 has any such proposal been declined?

Yes  No

13.3 has any proposal been declined?

i) refused to renew?

Yes  No

ii) imposed special restrictions?

Yes  No

iii) required increased premium?

Yes  No

iv) cancelled cover?

Yes  No

If 'Yes', please provide full details (by attachment if necessary)

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**Question 14.**

Please provide full details of other insurances which are likely to be in force in respect of and during the lifetime of this project and which can be expected to provide elements of coverage for professional exposures for the parties to be included in this insurance:

INSURANCE	COVER FOR PROFESSIONAL EXPOSURES
Construction "All Risks" (e.g. Design cover following "damage")	
General/Products Liability (e.g. <b>No</b> exclusion of professional acts)	
Product Guarantees (e.g. 12 months on equipment supplied)	
Decennial/ Other Warranties (e.g. 10 years on building works)	
Other Professional Indemnity (e.g. Consultants annual practice policies)	
Any other policy(ies)?	

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**Question 15.**

15.1 Please state the Limit of Indemnity required (N.B. This Limit will be in the aggregate for the period of this insurance, and only applies in respect of each and every claim to the extent that such aggregate Limit is not exhausted. The Limit of Indemnity will include associated costs and expenses incurred in the defense and settlement of any claim).

15.2 Please state the Self-Insured Excess that the Proposer is willing to bear in respect of each and every claim:

(N.B Underwriters may require a minimum Excess higher than the one requested. This Excess includes associated costs and expenses incurred in the defense and settlement of any claim)

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**Question 16**

Please provide by separate attachment any further information which you feel will assist in the understanding of either the project, contractual liabilities or any Professional Duties being performed.

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**Question 17: DECLARATION**

NOTE: THE PROPOSER IS REQUIRED TO DISCLOSE ALL INFORMATION WHICH MAY INFLUENCE THE UNDERWRITERS IN THEIR ASSESMENT OF THE RISK WHETHER SPECIFICALLY REQUIRED IN THIS PROPOSAL OR NOT

I, being an authorized representative of the Proposer and of any other parties to be included for this insurance, declare that the statement made and information given are true and that no material information has been withheld, or mis-stated, and I acknowledge that this proposal and all other information supplied by me or on my behalf shall be the basis of any contract of insurance issued as a consequence.

Signed (on behalf of the Proposer) .....

Name ..... Position .....

Date .....

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**Question 18. ATTACHMENTS**

Please note here any and all attachments which form part of this proposal: Attached?

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| Question 1.7: Attachment 'A'-Contractual Matrix          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Question 1.3: Financial associations                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Question 1.5: Work from offices within USA or Canada     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Question 1.6: Established for less than 5 years          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Question 2.3: Full details of project                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Question 3.3: Breakdown of Estimated Total Project Value | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Question 4.4: Bar Chart/Time Schedule                    | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Question 5.3: Contracts and relevant clauses             | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Question 6: Nature of Work                               | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Question 7: Detailed Professional Duties                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Question 8.6: Categories of professional Duties          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Continued.....



## PROFESSIONAL INDEMNITY INSURANCE FOR SINGLE PROJECTS ATTACHMENT 'A'

Please explain by means of a **Contractual Matrix** (as in the example):

- Who appoints who to do what (whether to be insured or not)?
- What Construction Values and/or Fees relate to each party?

