

# IHBC members' Professional Indemnity Proposal Form

MFL Affinity  
INSURANCE BROKERS



## IMPORTANT INFORMATION REGARDING COMPLETION OF THIS FORM

### Method Of Completion

- This proposal form may be completed in ink or electronically and e-mailed or faxed to us, provided we ultimately receive an original signed and dated version prior to binding cover;
- All questions must be answered (if necessary comment as "not applicable" or "none").

### Presentation

- If there is insufficient space in the proposal form, or simply to provide underwriters with a better understanding of your experience, expertise or activities, please supply additional information on your letter headed paper;
- CV's of your principals/directors should be supplied if you have not previously been insured, or if any principal has been in their current position fewer than three years;
- Copies of your standard contract conditions, brochures or other marketing material should be supplied if this helps to describe the activities undertaken.

### Disclosure

- You have a legal duty to disclose to insurers all material information which may affect their judgement in determining whether to provide you with insurance and if so on what terms. In the case of renewal of existing insurance arrangements, this includes any material changes to information already disclosed to insurers;
- If you are in any doubt as to whether or not information is material, you should disclose it, even if there is no specific relevant question in the proposal form;
- It is particularly important to disclose all potential professional negligence claims that may be made against you and to notify your current insurers of such matters as appropriate;
- Failure to disclose material information may give insurers the right to avoid any contract of insurance they may subsequently issue, with the consequence that you will not be protected for any claims notified under that insurance.

### Contact



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1. NAME (S) OF INSURED/PROPOSER (including all trading names of entities to be insured):

(Please include any predecessors for whom cover is required)

2. ADDRESS OF THE PRINCIPAL OFFICE (Please list all other locations by Town or Country if overseas and identify the supervising Partner/Director at each location. Please provide on appendix sheet if required):

ALL OTHER ADDRESSES BY TOWN/COUNTRY:

Principle Contact:

Telephone number:

Fax number:

E-mail:

Website address:

3. DATE OF COMMENCEMENT OF CURRENT BUSINESS:

DATE OF COMMENCEMENT OF AND CESSATION OF FORMER BUSINESS (if applicable):

REASON FOR CESSATION OF FORMER BUSINESS:

PLEASE CONFIRM YOUR CURRENT IHBC MEMBERSHIP STATUS:

Affiliate  Associate  Full Member

4. FULL DESCRIPTION OF BUSINESS ACTIVITIES (Please attach brochure(s) if available) (if you need to provide more information than the space below allows, please continue on our Additional Information page at the end of this form. Indicate the question number clearly. We also accept attached appendix sheets):

5. PARTNERS/DIRECTORS/SOLE PRACTITIONERS & CONSULTANTS:

Names of: a) Partners/Directors/Sole Practitioners b) Consultants	Age	Qualifications and Professional Associations	Date Qualified	Number of years as Partner/Director/Sole Practitioner
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6. NUMBER OF STAFF (Not including the above):

Qualified:

Other:

7. ISO9001 ACCREDITATION

Does the firm(s) currently hold ISO9001 Accreditation (or similar)?  Yes  No

8. INDUSTRY AWARDS

Has the firm(s) received any Industry Awards?  Yes  No

If you've answered 'yes' to this question, please give details below (if you need to provide more information than the space below allows, please continue on our Additional Information page at the end of this form. Indicate the question number clearly. We also accept attached appendix sheets):

9. RECENT CHANGES

During the last six years, has the name(s) of the Insured/Proposer changed or has any amalgamation or acquisition taken place, or have there been changes of Partners/Directors/Sole Practitioner (i.e: departed, retired or deceased, etc)?  Yes  No

If you've answered 'yes' to Question 9, please give details below (If you need to provide more information than the space below allows, please continue on our Additional Information page at the end of this form. Indicate the question number clearly. We also accept attached appendix sheets):

#### 10. NEW ACTIVITIES

Please provide details of major new activities being undertaken during the forthcoming financial year, i.e. new offices, new disciplines, territories etc... (If you need to provide more information than the space below allows, please continue on our Additional Information page at the end of this form. Indicate the question number clearly. We also accept attached appendix sheets)

#### 11. OTHER FINANCIAL INTERESTS

Does the Insured/Proposer or any Partner/Director undertake work for any partnership, company or organisation in which they are in a position to exercise a controlling interest in such a partnership, company, organisation (Apart from shares held in Public Companies)?

Yes

No

If you've answered 'yes' to this question, please state the name and nature of such organisations and outline the work undertaken (If you need to provide more information than the space below allows, please continue on our Additional Information page at the end of this form. Indicate the question number clearly. We also accept attached appendix sheets):

#### 12. JOINT VENTURE/CONSORTIUM

a) Is the Insured/Proposer or any other Partner/Director/Proprietor currently a member of a consortium or has the Firm or and Partner/Director/Proprietor worked in association with any other Firm or organisation in the past?

Yes

No

If you've answered 'yes' to this question, please supply full details including names of all members and details of PII cover carried by each party (If you need to provide more information than the space below allows, please continue on our Additional Information page at the end of this form. Indicate the question number clearly. We also accept attached appendix sheets):

b) Is cover required for such work?

Yes

No

IF YOU'VE ANSWERED 'YES' TO THIS QUESTION, INSURERS WILL REQUIRE A COPY OF ANY NEW AGREEMENT NOT PREVIOUSLY DECLARED TO UNDERWRITERS

### 13. INDEPENDENT CONSULTANTS

When independent or specialist consultants are required, has the Insured/Proposer in the past ensured, and will in the future endeavour to ensure, that such consultants are appointed directly by and paid by your client?

a) IN THE PAST?  Yes  No

a) IN THE FUTURE?  Yes  No

**PLEASE NOTE: WHENEVER YOU ENGAGE OR EMPLOY CONSULTANTS, YOU SHOULD ASK EACH YEAR FOR EVIDENCE OF THEIR PROFESSIONAL INDEMNITY INSURANCE**

### 14. CONTRACTOR/SUPPLIER?

Does the Insured/Proposer engage in any construction, erection or supply of material?  Yes  No

**If you've answered 'yes' to this question, please provide full details** (If you need to provide more information than the space below allows, please continue on our Additional Information page at the end of this form. Indicate the question number clearly. We also accept attached appendix sheets):

### 15. INDEPENDENT WORK (Partnerships/Ltd Companies Only)

a) Do any of the Partners/Directors carry out independent work in their own name?  Yes  No

b) Is a quotation required to include cover for such work under this policy?  Yes  No

**If you've answered 'yes' to these questions, please advise for each Partner/Director** (If you need to provide more information than the space below allows, please continue on our Additional Information page at the end of this form. Indicate the question number clearly. We also accept attached appendix sheets):

i) Brief description of work:

ii) Total amount of Gross Fees received from this work in the last financial year: £

iii) Details of any claims paid or any known circumstances which may give rise to a claim (If you need to provide more information than the space below allows, please continue on our Additional Information page at the end of this form. Indicate the question number clearly. We also accept attached appendix sheets):

16. GROSS FEE INCOME - Please advise (for new insured(s)/proposer(s) start ups, please estimate the expected fee income)

	Actual for Last Financial Year	Estimate for <b>Current</b> Financial Year	Estimate for Next Financial Year
UK In £	£	£	£
USA or Canada in £	£	£	£
Elsewhere excluding	£	£	£
<b>Total in £</b>	£	£	£
<b>Largest total fees from any one client in £</b>	£	£	£

PLEASE STATE THE DATE OF YOUR FINANCIAL YEAR END

17. DISCIPLINE PROFILE - Please advise

SPLIT OF GROSS FEE INCOME RECEIVED IN THE LAST COMPLETE FINANCIAL YEAR:

	UK	USA or CANADA	ELSEWHERE
Conservation and Heritage Advice	%	%	%
Archaeology	%	%	%
Archivist	%	%	%
Architecture (Conservation/Refurb/Restoration)	%	%	%
Architecture (Other)	%	%	%
Interior Design - Non-Structural	%	%	%
Interior Design - Structural	%	%	%
Quantity Surveying	%	%	%
Principal Designer / CDM Co-ordinator	%	%	%
Planning & Development	%	%	%
Town Planning	%	%	%
Project Co-ordination	%	%	%
Project Management	%	%	%
Setting Out	%	%	%

	UK	USA or CANADA	ELSEWHERE
Building Surveying (maintenance & dilapidation, party wall act, insurance reinstatement)	%	%	%
Residential Surveying & Valuing:			
(i) Probate/Matrimonial	%	%	%
(ii) Home Condition Reports/Right To Buy Valuations/Leasehold Enfranchisement	%	%	%
(iii) Lending Valuations/Surveys With Valuations	%	%	%
(iv) RICS Condition/Homebuyer Reports with NO Valuation	%	%	%
(v) Building Surveys (i.e Structural Surveys with NO Valuation)	%	%	%
Commercial Surveying & Valuing:			
(i) Asset Valuation/Accounting Purposes	%	%	%
(ii) Lending Valuations/Surveys	%	%	%
Land Surveying	%	%	%
Civil Engineering	%	%	%
Structural Engineering	%	%	%
Structural Surveying (Pre-purchase Building Surveys)	%	%	%
Soil/Geotechnical	%	%	%
Mechanical (Plant & Machinery)	%	%	%
Acoustic	%	%	%
Heating, Ventilating & Electrical	%	%	%
Landscape Architecture	%	%	%
Feasibility Studies/Abortive Work	%	%	%
Expert Witness	%	%	%
Sub-Contractors that maintain their own PI	%	%	%
Other Work (please specify)	%	%	%
<b>TOTAL</b>	<b>%</b>	<b>%</b>	<b>%</b>

Total Buildings Values Certified during the last complete financial year £

18. CLIENT PROFILE - Please give the approximate percentage of the Insured(s)/Proposer(s) work carried out during the last complete financial year applicable to the following projects:

Housing:	Individual Dwellings	%	Retail/Hotels/Offices/Commercial Properties	%
	Low Rise Multiple Dwellings	%		
	High Rise Multiple Dwellings	%	Power Plants/Refineries/Petrochemical Installations	%
	Modular Dwellings	%		
Hospitals/Medical		%	Manufacturing & Mechanical Plants/Bulk Handling	%
Nursing Homes		%	Industrial Buildings	%
Schools/Universities/Churches/Ecclesiastical		%	Foundations/Underpinning	%
Leisure Centres/Sport/Swimming Pools		%	Roads/Highways	%
Bridges/Tunnels		%	Nuclear/Atomic	%
Railways/Airports		%	Dams/Mines/Offshore/Harbours/Jetties	%
Sewage/Water Schemes		%	Other (please specify)	%

19. SUPERVISION/INSPECTION - Please advise the following as an approximate percentage of the Insured(s)/Proposer(s) work during the last complete financial year:

(a)	Where the Firm both designs and supervises or inspects construction	%
(b)	Where the Firm supervises or inspects construction from other designs	%
(c)	Where the Firm provides design etc... but no supervision or inspection	%
(d)	Where the Firm acts as a Project Manager or Project Co-ordinator	%
(e)	Where the Firm acts as a Planning Supervisor	%



20. PROJECT PROFILE - Please state the five largest contracts where construction has been started during the last SIX years:

Start Date	Brief Description	Total Contract Value	Firms Contract Value	Firm's Fee	Completion Date
		£	£	£	
		£	£	£	
		£	£	£	
		£	£	£	
		£	£	£	

21. CLAIMS AND/OR CIRCUMSTANCES - NB. full details of any claims can be provided on the separate page at the end of this form.

PLEASE NOTE THAT IT COULD BE IMPERATIVE TO ANSWER THESE QUESTIONS CORRECTLY, AS FAILURE TO DO SO COULD PREJUDICE YOUR RIGHTS IN THE EVENT OF A CLAIM ARISING IN THE FUTURE.

(a) CLAIMS

- During the last ten years, have any claims or circumstances which may have given rise to a claim, been made against the Firm(s) or predecessors in business or present or former Partners/Directors arising out of the activities of the Firm(s)?  Yes  No

If you've answered 'YES' to this question, please advise full details of all such matters by completing the CLAIMS/CIRCUMSTANCES/SUMMARY on the final page of this form.

(b) CIRCUMSTANCES

Are any of the Partners/Directors, after enquiry, aware of any circumstances which may give rise to a claim against the Firm(s) or its predecessors in business or its/their present or former Partners/Directors?  Yes  No

If you've answered 'YES' please advise full details including amounts involved below (If you need to provide more information than the space below allows, please continue on our Additional Information page at the end of this form. Indicate the question number clearly. We also accept attached appendix sheets):

22. INSURANCE ARRANGEMENTS

(a) CURRENT INSURANCE ARRANGEMENTS - Please advise:

Limit of Indemnity	Excess	Premium	Insurer(s)	Renewal Date
£	£	£		

(b) PREVIOUS INSURANCE - Has similar insurance for this Firm(s) or any Partner/Director been declined, cancelled or had renewal refused?  Yes  No

If you've answered 'YES' please advise details below (If you need to provide more information than the space below allows, please continue on our Additional Information page at the end of this form. Indicate the question number clearly. We also accept attached appendix sheets):

23. QUOTATIONS REQUIRED

Limit of Indemnity	
£100,000 <input type="radio"/>	£1,000,000 <input type="radio"/>
£250,000 <input type="radio"/>	£2,000,000 <input type="radio"/>
£500,000 <input type="radio"/>	£5,000,000 <input type="radio"/>

Excess	
£250 <input type="radio"/>	£500 <input type="radio"/>
£1,000 <input type="radio"/>	£2,500 <input type="radio"/>
£5,000 <input type="radio"/>	£10,000 <input type="radio"/>

Other

Other

DECLARATION

I/We declare that the previous statement and particulars are true and I/We have not suppressed or misstated any material facts.

I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any subsequent contract of insurance.

Signed:

Date:

For and on behalf of:

PLEASE RETAIN A COPY OF THIS PROPOSAL FOR YOUR RECORDS. COMPLETION DOES NOT BIND YOU OR INSURERS TO COMPLETE A CONTRACT OF INSURANCE.

CLAIMS/CIRCUMSTANCES SUMMARY

Date notified
Details of claim or circumstance
Claimant
Cause/Alleged Cause
Current Status
Reserve £
Payments made (including defence costs)
Open/Closed
Date of closure

Date notified
Details of claim or circumstance
Claimant
Cause/Alleged Cause
Current status
Reserve £
Payments made (including defence costs)
Open/Closed
Date of closure

Date notified
Details of claim or circumstance
Claimant
Cause/Alleged Cause
Current Status
Reserve £
Payments made (including defence costs)
Open/Closed
Date of closure

Date notified
Details of claim or circumstance
Claimant
Cause/Alleged Cause
Current status
Reserve £
Payments made (including defence costs)
Open/Closed
Date of closure

## Additional Information

Please use the space provided below to complete any further information required for questions 4, 8, 9, 10, 11, 12, 14, 15 (i), 15 (iii), 21(b) and 22(b). Indicate the question number clearly. Please also use the space if you need to provide other information related to this form. We also accept attached appendix sheets.