



**DESIGN & CONSTRUCT AND MISCELLANEOUS  
PROFESSIONAL LIABILITY**

**PLEASE COMPLETE AND RETURN TO:  
Sutton Specialist Risks Ltd, Bull Wharf, Redcliff Street, Bristol, BS1 6QR  
email: info@ssr.co.uk**

**APPLICATION FORM**

- Please answer ALL questions fully. Questions not relevant to you, please mark as not applicable. If there is insufficient space, please provide details on your letterhead.
- Please provide (if available) a brochure or risk profile, curriculum vitae of the Principal/Partners/Directors to support your application.

**DETAILS OF APPLICANT**

1. Name(s) (including trading names) of all entities to be Insured

2. Address(es) of the Applicant(s):

Postcode:

3. Website/e-mail address:

4. Date since the Applicant(s) has continuously conducted the business:

\_\_\_ / \_\_\_ / \_\_\_

5. Please provide details of the Principal(s)/Partner(s)/Director(s) of the Applicant:

<u>Name:</u>	<u>Qualifications:</u>	<u>Date Qualified:</u>	<u>Date commenced :</u>

6. Please state total number of:

Principals/Partners/Directors:


Other Technical Staff:


Qualified Staff:

Administrative/Other Staff:

**DETAILS OF PRACTICE**

7. (a) Has the name of the Applicant ever been changed? YES  NO
- (b) Has any other practice or business amalgamated or merged with you? YES  NO
- (c) Have you purchased any other practice or business? YES  NO
- (d) Are any of the entities referred to in (a), (b), or (c) to be insured? If so, which ones?

If YES to either (a), (b) or (c), please provide details:

8. Please list the professional/regulatory bodies, trade associations or societies to which you belong:

**DESIGN AND CONSTRUCT AND OTHER ACTIVITIES**

9. (a) Please provide a split of the professional work undertaken within the design & construction department in the previous and current financial year:

	Previous(%)	Current (%)
Architectural		
Civil Engineering		
Structural Engineering		
Mechanical Engineering		
Electrical Engineering (Including Testing)		
Heating & Ventilating Engineering		
Chemical Engineering		
Soil Engineering		
Nuclear Engineering		
Surveying- (1) Land		
(2) Quantity		
(3) Building		
Others		
Fees paid to Consultants, Sub-contractors or Agents		
Other Work – Please provide full details:		
<b>Total</b>		

- (b) Please provide details of other non-construction professional work undertaken in the previous and current financial year:

(c) Please specify (where applicable) the percentage of gross fees in the previous year that the following types of work represent:	
<b>HOME BUILDING</b>	
Individual Dwellings	%
Low Rise Multiple Dwellings	%
High Rise Multiple Dwellings	%
Modular Dwellings(i.e. involving repetitive design)	%
<b>ENGINEERING CONSTRUCTION</b>	%
Highways	%
Bridges,Tunnels, and Dams	%
Railways,Airports,Harbours,and Jetties	%
Sewerage/Water Schemes	%
<b>COMMERCIAL / RETAIL</b>	
Shop	%
Office	%
<b>INDUSTRIAL</b>	%
Power plants	%
Refineries and Petro-Chemical Installations	%
Manufacturing Plants	%
Industrialised Systems Buildings	%
<b>AMENITIES</b>	%
Hospitals and Nursing Homes	%
Schools and Universities	%
Hotels and Recreation Centres	%
Other or Specialist Construction, e.g., Swimming Pools	%
Total	100%
(d) Do you engage in the manufacture or fabrication of any pre-engineered unit? YES <input type="checkbox"/> NO <input type="checkbox"/>	
(e) Add here a statement of the type of work normally carried out.	
(f) Have you ever failed to complete a project? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, please explain why.	

**DETAILS OF TURNOVER**

10. Please give details of turnover:	Last Financial Year	Year Ending / /	Year Ending / /	Estimate Year Ending / /
Turnover where firm designs and constructs from their own designs, and provides full technical supervision.				
<b>Fees</b> where firm provides design, technical or other professional services. <b>Please detail nature and scope of such work in Qu 9 (b).</b>				
Turnover where firm constructs from other's designs performed on behalf of the firm.				
Turnover where firm constructs from other's design and other's technical supervision performed on behalf of the firm.				
Other turnover construction or non-construction not mentioned above. Please give brief details.				
Total turnover for whole group.				

\* Please specify percentage split of income emanating from USA/Canada, or work subject to USA/Canada law: %

\* Please specify percentage split of income emanating from overseas work: %

**CONTRACTS**

11. (a) Please provide details of your largest 5 contracts undertaken in the last 5 years:

Date started	Name and type of project	Services performed	Total contract value	Estimated date of Completion

12. (a) Do you use a standard form of contract, agreement or letter of appointment? YES  NO

If NO, please explain how you accept business and limit your liability.

(b) Do you always confirm verbal instructions in writing? YES  NO

If NO, please explain why:

## POLLUTION

13. Do you undertake any work which involves polluted land or property, or advise third parties as to whether or not land or property may be polluted or contaminated? YES  NO
- If YES, do you have a standard contract or terms of engagement which incorporates a disclaimer or limitation of liability in respect of pollution and contamination? YES  NO
- If YES, please confirm how long this has been used (Please attach a copy):

## CONSULTANTS, SUB-CONTRACTORS OR AGENTS

14. (a) Do you use the services of consultants, sub-contractors or agents? YES  NO
- If NO, please proceed to qu.15, if YES, do you require them to maintain their own P.I. Insurance? YES  NO
- If YES, what minimum limit of indemnity do you require them to have? £
- (b) What percentage of your income relates to sub-contracted work? %
- (c) What proportion of your design work is done work is done by external consultants? %

## ASSOCIATED COMPANY

15. Does the Principal(s), Partner(s), Director(s) of the Applicant have any association with or financial interest in any other practice, company or organisation? YES  NO
- If YES, please provide details:

## JOINT VENTURES

16. Is, or has, the Applicant(s) been a member of a consortium, group practice, joint venture, strategic alliance or involved in any single project partnership? YES  NO
- If YES, please provide details:\*

\*Please note that special arrangements must be made with insurers if indemnity is to be granted

## PREVIOUS INSURANCE

17. Is the Applicant currently insured for Professional Indemnity insurance? YES  NO
- If YES, please confirm:
- Name of Insurer:
- Renewal date:
- Limit of Indemnity:
- Excess:
- Premium:
18. Has the Applicant ever been refused this type of insurance, had special terms imposed by insurers or had a similar insurance cancelled? YES  NO
- If YES, please provide full details:

**CURRENT REQUIREMENTS**

19. (a) What limit of indemnity is required?

- |                         |                          |            |                          |            |                          |
|-------------------------|--------------------------|------------|--------------------------|------------|--------------------------|
| £250,000                | <input type="checkbox"/> | £500,000   | <input type="checkbox"/> | £750,000   | <input type="checkbox"/> |
| £1,000,000              | <input type="checkbox"/> | £2,000,000 | <input type="checkbox"/> | £5,000,000 | <input type="checkbox"/> |
| Other - Please specify: |                          | £          |                          |            |                          |

(b) What level of excess is required? Please tick as appropriate:

- |                         |                          |         |                          |         |                          |
|-------------------------|--------------------------|---------|--------------------------|---------|--------------------------|
| £1,500                  | <input type="checkbox"/> | £2,000  | <input type="checkbox"/> | £2,500  | <input type="checkbox"/> |
| £5,000                  | <input type="checkbox"/> | £10,000 | <input type="checkbox"/> | £25,000 | <input type="checkbox"/> |
| Other – Please specify: |                          | £       |                          |         |                          |

**CLAIMS OR CIRCUMSTANCES**

20. (a) If an insurance similar to that now applied for has been or is now in effect would any loss or claim against the Applicant(s) fall within the scope of such insurance? YES  NO

If YES, please provide details including date and cost/estimated cost of claim or loss:

If YES, what steps have been taken to prevent a recurrence:

(b) Are there any pending / potential claims or circumstances that might reasonably be expected to give rise to any claim or loss against any persons proposed for insurance that would fall within the scope of this insurance? YES  NO

If YES, please provide details including estimated cost of claim/loss:

## IMPORTANT NOTICE

- You must inform us of any fact that may influence our decision to accept this risk or the terms upon which the risk is accepted. Failure to so inform us may invalidate this insurance or any claim made under it. If in doubt as to whether a fact should be disclosed to us, please consult your broker.
- The particulars provided by, and statements made by, or on behalf of the Applicant(s) contained in **this application form and any other information submitted or made available by, or on behalf of the Applicant(s) are the basis for the proposed policy** and will be considered as being incorporated into and constituting a part of the proposed policy.

## DECLARATION

21. I/We am/are authorised to complete this Application Form on behalf of all parties entitled to coverage under this insurance.

Name in Capitals:

Signed:

Date:

Position:

*A copy of this Application Form should be retained for your own records.*

*It is understood and agreed that we may hold documents relating to this insurance and any claims under it in electronic form and may destroy the originals. An electronic copy of any such document will be admissible in evidence to the same extent as, and carry the same weight as, the original.*

*QBE records and holds data in accordance with the Data Protection Act 1998. We also follow strict security procedures in the storage and disclosure of information provided to prevent unauthorised access or loss of such information. We may find it necessary to pass data to other firms or businesses that supply products and services associated with this contract of insurance.*

*Further, by accessing and updating various databases we may share information with other firms and public bodies, including the police, in order to substantiate information and prevent or detect fraud. If you provide false or inaccurate information and we suspect fraud this fact will be recorded and the information will be available to other organisations that have access to the databases.*

*We can supply details of databases we access or contribute to on request.*