



Securus Insurance Limited

Proposal Form

Engineers Professional Indemnity

Securus Insurance Limited
Suite 3, Stafford House
Strand Road
Portmarnock
Co Dublin

Phone (01) 8464512
Fax (01) 8464522
Email info@securus.ie
Web www.securus.ie

Securus Insurance Ltd is registered in Ireland. Company registration No: 410614.
Registered office: Suite 3, Stafford House, Strand Road, Portmarnock, Co Dublin.

Securus Insurance Limited is regulated by the Central Bank of Ireland.

THIS PROPOSAL MUST BE SIGNED BY A PARTNER OR DIRECTOR OF THE BUSINESS. ALL QUESTIONS MUST BE ANSWERED AND ADDITIONAL INFORMATION PROVIDED WHEN REQUESTED TO ENABLE A QUOTATION TO BE GIVEN. THE COMPLETION AND SIGNATURE OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE.

PLEASE USE AN ADDITIONAL SHEET OF PAPER WHERE NECESSARY TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS.

1	Name of the firm Partnership/Individual including Trading and Business Name :				
2	Web address:	www.			
3	Date of commencement of the firm :				
4	Address (registered office and all branches)				
5	Is a Partner/Director/Principal in full-time attendance at each address?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If No, please identify the office and give details of how the office is supervised?				
6	Please give details of all activities undertaken and any intended change. (Please attach a company brochure if available)				
7	Names in full of all Partners/Directors/Principals	Age	Qualifications	Year obtained	Length of time practicing as Partner/Director or Principal in this firm.
8	Do you require cover for the previous business activities of any Partner/Director/Principal?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If 'Yes', please give details:				

9	Please state gross fees for each of the last five financial years (including those paid to sub-contractors):					
				Last Complete Year	Current Year	Forthcoming Year
	State Year End	20____	20____	20____	20____	20____
	ROI work:	€	€	€	€	€
	Overseas:	€	€	€	€	€
	Total Fees:	€	€	€	€	€
10	Please state the approximate split of gross fees in the last complete financial year derived from the following categories:					
	Bridges and/or Tunnels					%
	Mines and/or Dams					%
	Harbours, Jetties, Coastal Defences, Offshore					%
	Factories					%
	Commercial Offices					%
	Private Dwelling Houses					%
	Sewage and Water Schemes					%
	High Rise Properties (above 4 floors)					%
	Hospitals, Schools and Universities					%
	Industrialised System Buildings					%
	Cladding/Curtain walling/Glazing					%
	Air conditioning for "Clean Rooms"					%
	Leisure, Sport and amusement					%
	Highways, Roads, Groundwork					%
	Pipe work, Tanks, Vessels, Silos					%
	Foundations, Underpinning, Piling					%
	Retail, Shopping Centres and Business Parks					%
	Chemical and Petrochemical					%
	Pharmaceutical					%
	Toxic waste, Asbestos, Landfill					%
	Demolition					%
	Nuclear and Atomic Engineering					%
	Mechanical and Bulk Handling					%
	Lifting Equipment					%
	Aviation, Automotive, Railway, Metro					%
	Total					100 %

11	Please state the approximate percentage applicable to the following disciplines expressed as a percentage of gross fees in the last complete financial year:				
		Ireland	Elsewhere	Total	
	Building Energy Rating Assessment	%	%	%	
	Chemical/Petrochemical Engineering	%	%	%	
	Geotechnical	%	%	%	
	Setting Out	%	%	%	
	Marine Engineering	%	%	%	
	Project Management	%	%	%	
	Project Co-ordination	%	%	%	
	Structural Engineering	%	%	%	
	Structural Surveying	%	%	%	
	Civil Engineering	%	%	%	
	Interior Design - structural	%	%	%	
	Interior Design – non structural	%	%	%	
	Planning Supervision	%	%	%	
	Mechanical Engineering	%	%	%	
	Draughting	%	%	%	
	Architectural Consultancy / Design	%	%	%	
	Heating/Ventilation/Air Conditioning	%	%	%	
	Electrical Engineering	%	%	%	
	Quantity Surveying	%	%	%	
	Feasibility/Town Planning	%	%	%	
	Soil Analysis	%	%	%	
	Quality Control	%	%	%	
Client/Employer Representative	%	%	%		
Valuations	%	%	%		
Other (specify)	%	%	%		
			100%		
12	Please state the three largest contracts in the last three years:				
	Client	Client's Industry	Nature of Contract	Contract Value	Fee
13	Please provide details of the largest contract to be undertaken in the next 12 months:				
	Client	Client's Industry	Nature of Contract	Contract Value	Fee

14	Are terms of engagement or is a written contract always agreed and signed prior to commencing work for a client?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If No, please give details:				
15	Is the business represented in any way in Canada and/or the USA or its territories and possessions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If 'Yes', please give details:				
16	Do you require cover for the previous business activities of any Partner/Director/Principal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If 'Yes', please give details:				
17	Does the Firm/Partnership or any Partner/Director/Principal have a Partnership or Directorship or have a financial interest in any other Firm/Partnership or Company? (other than as shareholders or stockholders in a publicly quoted company)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If 'Yes', please give name of Firm/Partnership or Company, sphere of operation and business derived from the Firm/Partnership or Company. State also if it is associated with any process of manufacture, construction, erection or installation or any other form of contracting or supply.				
18	Please state the total number of staff you have in the following categories: (Please do not include Principals, Partners or Directors in this question):				
	Technical/Qualified Staff:	Full-Time	<input type="text"/>	Part-Time	<input type="text"/>
	Administrative/Secretarial staff/other:	Full-Time	<input type="text"/>	Part-Time	<input type="text"/>
19	Do you retain the services of any self-employed person?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If 'Yes', please give details:				
20	Sub-contractors:	Last Complete Year	Current Year Estimate		
	(I) Please state gross fees in Euro paid to sub-contractors:	<input type="text"/>	<input type="text"/>		
	(II) What type of work do you use them for?				
	(III) Are sub-contractors required to carry professional indemnity insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	What is the limit of indemnity provided by that insurance?				
	(IV) Are terms of engagement or is a written contract always agreed and signed by sub-contractors and suppliers so that they accept full responsibility for their own professional neglect, error or omission	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

<p>21</p>	<p>Does the Proposer always obtain satisfactory references from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If 'No' , please give details below:</p>			
<p>22</p>	<p>Is any individual authorised to sign cheques as a sole signatory in respect of either the business or clients' accounts?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>Has the business recently discharged any employee or severed relationships with any partner or director within the past twelve months?</p>			
<p>Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time?</p>			
<p>If 'Yes', please give details below:</p>			
<p>23</p>	<p>During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and/or its Predecessors in business ever:</p>		
	<p>(I) Declined to Insure?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
	<p>(II) Imposed special terms?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
	<p>(III) Cancelled or voided a policy?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
	<p>(IV) Requested the withdrawal of a claim?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>If 'Yes', please give details below:</p>			
<p>24</p>	<p>(I) Have any claims or potential claims been made against the Firm/Partnership, their predecessors in business, or any of the present Partners/Directors/Principals or to the knowledge of the Firm/Partnership, against any past Partners/Directors/Principals ?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>(II) Is any Partner/Director/Principal aware, after enquiry, of any circumstances which may result in any claims being made against the Firm/Partnership, their predecessors in business or any of the present or past Partners/Directors/Principals?</p>			
<p>If 'Yes' is answered to (I) or (II) above, please provide details on a separate sheet including steps taken to prevent a recurrence</p>			

25	Since what date have you had Professional Indemnity cover?					
	If there were any gaps in cover since then, please state for which period(s)					
	If this is the first time the Firm/Partnership has applied to effect Professional Indemnity insurance, do you require cover for claims arising from work carried out prior to inception of the policy?		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If 'Yes', please state since what date cover is required					
26	If you are currently insured for Professional Indemnity please give the following details:					
	Name of Current Insurers					
	Limit of Indemnity					
	Insured's Contribution (Excess)					
	Premium					
	Expiry Date					
27	What Limit of Indemnity do you require?	€100,000	<input type="checkbox"/>	€250,000	<input type="checkbox"/>	
		€325,000	<input type="checkbox"/>	€500,000	<input type="checkbox"/>	
		€650,000	<input type="checkbox"/>	€1,000,000	<input type="checkbox"/>	
		€1,300,000	<input type="checkbox"/>	€1,500,000	<input type="checkbox"/>	
		€2,000,000	<input type="checkbox"/>	Other €	<input type="checkbox"/>	
28	What Insured's Contribution (Excess) do you wish to pay?	€500	<input type="checkbox"/>	€1,000	<input type="checkbox"/>	
		€1,250	<input type="checkbox"/>	€1,500	<input type="checkbox"/>	
		€2,000	<input type="checkbox"/>	Other €	<input type="checkbox"/>	
DECLARATION						
(I) I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts.						
(II) 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.						
(III) I/We undertake to inform Insurers or any material alteration to these facts occurring before completion of the Contract of Insurance.						
Signature of Principal/Partner/Director (Please delete as appropriate)						
Name of signatory (Please Print)						
Date						

A COPY OF THIS PROPOSAL FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS