



Securus Insurance Limited

Proposal Form

Architects Professional Indemnity

Securus Insurance Limited
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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	Please state the approximate split of gross fees in the last complete financial year based on the following categories:	
	Aborted work	€
	Architecture – residential	€
	Architecture – commercial	€
	Building surveys non-structural / land surveys	€
	Building surveys – structural	€
	Civil / structural engineering	€
	Electrical / heating & ventilation engineering	€
	Environmental work	€
	Feasibility studies	€
	Interior design / refurbishment (non-structural)	€
	Mechanical engineering	€
	Planning supervision	€
	Project management	€
	Restoration (non-structural)	€
	Soil engineering / site investigation / setting out	€
	Town planning / landscape design	€
	Other Work (please specify)	€
	TOTAL GROSS FEES:	€

8	Please state the approximate percentage applicable to the following categories expressed as a percentage of gross fees in the last complete financial year:					
	Public Sector Housing Schemes:				%	
	Private Sector Housing Schemes:				%	
	Private Individual Houses:				%	
	Retail/Shops:				%	
	Offices:				%	
	Factory/Industrial:				%	
	Pubs/Restaurants:				%	
	Hotels:				%	
	Leisure – sports, amusement parks, etc:				%	
	Schools/Hospitals/Municipal:				%	
	Garages:				%	
	Nuclear/Atomic, Chemical, Petro-chemical, Refineries, Offshore Oil/Gas:				%	
	Other (please specify):				%	
				100%		
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 answer the following giving an approximate % breakdown of your activities during the last financial year					
	Where you both design and supervise/inspect construction				%	
	Where you supervise/inspect construction for someone else's design				%	
	Where you provide design but no supervision/inspection				%	
	Where you act as a Project Manager/Co-coordinator				%	
11	Number of storeys in highest block completed during the last 10 years:					
	If over 5 storeys, please give details:					
12	Total Building Values certified during the past financial year:			€		

13	What percentage of total gross fees involves site supervision?				%
14	Does the Proposer now or has the Proposer in the past undertaken any services which may create a liability for pollution or contamination?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'Yes' please ask for a supplementary environmental questionnaire					
15	State the five largest contracts where construction has commenced during the past five years:				
	Description/Name	Total Contract Value (€)	Your Fee (€)	Extent of Service	Approx Start and Completion Date
16	State the three largest contracts where construction is to commence in the next 12 months:				
	Description/Name	Total Contract Value (€)	Your fee (€)	Extent of Service	Approx Start and Completion Date
17	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"/>			
18	Has the Firm/Partnership been reconstituted in any way by amalgamation, acquisition, merger or otherwise, or has the name been changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If 'Yes', please give full details				
	(N.B. Acquisitions and mergers are not automatically included and coverage must be requested. Please state name of predecessor Firm/Partnership for which cover is required as well as dates of operation.)				
19	Has the Proposer at any time undertaken any work where the "end product" is situated outside the Republic of Ireland ?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If 'Yes', please give details (country, start & completion dates, description of contract, contract value in Euro & the extent of services provided)				
20	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:				

21	Names in full of all Partners/Directors/Principals	Age	Qualifications	Year obtained	Length of time practicing as Partner/Director or Principal in this firm.
22	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:				
23	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.				
24	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"/>
25	Do you retain the services of any self-employed person? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If 'Yes', please give details:				
26	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?	<input type="text"/>			
	(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?	<input type="text"/>			
	(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"/>				

27	<p>Does the proposer act as an Assigned Certifier under the Building Control (Amendment) Regulations 2014? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please complete the following questions:</p>						
	<p>Will the person undertaking the role have undergone appropriate training and CPD accreditation? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
	<p>Is there a separate engagement/ appointment for this role and will this always be undertaken under a written contract? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
	<p>Would you intend to act solely as the Assigned Certifier but not part of the design team under any circumstances? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
	<p>Are you registered under Part 3 or Part 5 of the Building Control Act 2007 or Section 7 of the Civil Engineers of Ireland (Chartered Amendment) Act 1969? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
	<p>Do you comply with the Code of Practice for inspecting and certifying building works? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
	<p>Do you plan to charge a separate fee for this service? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
	<p>What is the projected fee income attributed to this service for the forthcoming 12 months?</p>					€	
	<p>Will Employees act in this Capacity? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
	<p>Please provide details of upcoming projects/contracts?</p>						
	Description	Location	Client	Fee (€)	Value (€)	Start Date	End Date
	<p>Do you plan to provide similar certification service provisions for clients who 'Opt Out' of the requirements? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						
28	<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? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'No', please give details below:</p> <div style="background-color: #e0e0e0; height: 40px; width: 100%;"></div>						
29	<p>Is any individual authorised to sign cheques as a sole signatory in respect of either the business or clients' accounts? Yes <input type="checkbox"/> No <input type="checkbox"/></p>						

	Has the business recently discharged any employee or severed relationships with any partner or director within the past twelve months? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please give details below:
30	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:
	(I) Declined to Insure? Yes <input type="checkbox"/> No <input type="checkbox"/>
	(II) Imposed special terms? Yes <input type="checkbox"/> No <input type="checkbox"/>
	(III) Cancelled or voided a policy? Yes <input type="checkbox"/> No <input type="checkbox"/>
	(IV) Requested the withdrawal of a claim? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes', please give details below:
31	(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 ? Yes <input type="checkbox"/> No <input type="checkbox"/>
	(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? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If 'Yes' is answered to (I) or (II) above, please provide details on a separate sheet including steps taken to prevent a recurrence
32	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

33	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				
34	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"/>
35	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					
<p>(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.</p> <p>(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.</p> <p>(III) I/We undertake to inform Insurers or any material alteration to these facts occurring before completion of the Contract of Insurance.</p>					
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