



## **Securus Insurance Limited**

### **Proposal Form**

## **Engineers Professional Indemnity**

Securus Insurance Limited  
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Co Dublin

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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.**

<b>1</b>	Name of the firm Partnership/Individual including Trading and Business Name :				
<b>2</b>	Web address:	<b>www.</b>			
<b>3</b>	Date of commencement of the firm :				
<b>4</b>	Address (registered office and all branches)				
<b>5</b>	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?				
<b>6</b>	Please give details of all activities undertaken and any intended change.  (Please attach a company brochure if available)				
<b>7</b>	Names in full of all Partners/Directors/Principals	Age	Qualifications	Year obtained	Length of time practicing as Partner/Director or Principal in this firm.
<b>8</b>	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:				

<b>9</b>	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:	€	€	€	€	€
<b>10</b>	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					%
	<b>Total</b>					<b>100 %</b>

<b>11</b>	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)	%	%	%		
			<b>100%</b>		
<b>12</b>	Please state the three largest contracts in the last three years:				
	Client	Client's Industry	Nature of Contract	Contract Value	Fee
<b>13</b>	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

<b>14</b>	Are terms of engagement or is a written contract always agreed and signed prior to commencing work for a client?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>		
	If No, please give details:				
<b>15</b>	Is the business represented in any way in Canada and/or the USA or its territories and possessions?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>		
	If 'Yes', please give details:				
<b>16</b>	Do you require cover for the previous business activities of any Partner/Director/Principal?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>		
	If 'Yes', please give details:				
<b>17</b>	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)	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <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.				
<b>18</b>	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"/>
<b>19</b>	Do you retain the services of any self-employed person?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>		
	If 'Yes', please give details:				
<b>20</b>	<b>Sub-contractors:</b>	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?	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <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	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>		

<b>21</b>	<p><b>Does the proposer act as an Assigned Certifier under the Building Control (Amendment) Regulations 2014?</b></p> <p style="text-align: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>					
If Yes, please complete the following questions:						
Will the person undertaking the role have undergone appropriate training and CPD accreditation?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
Is there a separate engagement/ appointment for this role and will this always be undertaken under a written contract?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
Would you intent to act solely as the Assigned Certifier but not part of the design team under any circumstances?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
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?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
Do you comply with the Code of Practice for inspecting and certifying building works?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
Do you plan to charge a separate fee for this service?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
What is the projected fee income attributed to this service for the forthcoming 12 months?	€ <input style="width: 150px; height: 20px;" type="text"/>					
Will Employees act in this Capacity?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
Please provide details of upcoming projects/contracts?						
Description	Location	Client	Fee (€)	Value (€)	Start Date	End Date
Do you plan to provide similar certification service provisions for clients who 'Opt Out' of the requirements?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
<b>22</b>	<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 style="text-align: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p> <p>If 'No', please give details below:</p> <div style="background-color: #f0f0f0; height: 30px; width: 100%;"></div>					
<b>23</b>	<p>Is any individual authorised to sign cheques as a sole signatory in respect of either the business or clients' accounts?</p> <p style="text-align: right;"><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>					
Has the business recently discharged any employee or severed relationships with any partner or director within the past twelve months?		<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				

	<p>Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>	
	<p>If 'Yes', please give details below:</p>	
<p><b>24</b></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><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>
	<p>(II) Imposed special terms?</p>	<p><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>
	<p>(III) Cancelled or voided a policy?</p>	<p><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>
	<p>(IV) Requested the withdrawal of a claim?</p>	<p><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>
	<p>If 'Yes', please give details below:</p>	
<p><b>25</b></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 ? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>	
	<p>(II) Is any Partner/Director/Principal aware, <b>after enquiry</b>, 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? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></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>	
<p><b>26</b></p>	<p>Since what date have you had Professional Indemnity cover?</p>	
	<p>If there were any gaps in cover since then, please state for which period(s)</p>	
	<p>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?</p>	<p><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/></p>
	<p>If 'Yes', please state since what date cover is required</p>	

<b>27</b>	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				
<b>28</b>	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"/>
<b>29</b>	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"/>
<b>DECLARATION</b>					
<b>(I)</b> 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.					
<b>(II)</b> 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.					
<b>(III)</b> 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**