



Telephone: 0330 128 9828 | Email: engineers@championpi.co.uk

Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance. If there is insufficient space to answer questions, please use an additional sheet and attach it to this form.

Proposer Details

1.1 Main Trading Name of the Business ('The Proposer'):

1.2 Principal Address Line One:

Principal Address Line Two:

1.3 City:

1.4 Postcode:

1.5 Website Address:

1.6 Main Contact Name:

1.7 Telephone
Number:

1.8 Contact Email:

1.9 Business Entity:

1.10 Date
Established:

2.1 Does the Proposer have any branch offices?

Yes

No

If 'YES' please provide the following information:

Location	Person Responsible

2.2 Is the Person responsible based in the branch office? Yes No
 If **'NO'** please provide details in respect of the supervision of the office:

3.1 Please provide details of any subsidiary companies which are to be included under this insurance, including those entities which have ceased trading.:

Name:	Nature of Business:	Status:	Trading Start Date:	Trading End Date if applicable:

4.1 During the past 6 years, has the name of the Proposer been changed or has any amalgamation, acquisition or take-over taken place or have any Principals departed, retired or died? Yes No
 If **'YES'**, please provide details:

5.1 Please give the following details of all Principals, Directors or Partners of the Practice:

Name:	Age	Qualification & Date Qualified:	How Long With The Practice:

5.2 Please provide a CV providing details of business experience, as appropriate for the following:
Newly established practice - for all Principals
Existing practice - for each Principal who has held such position with the Proposer for less than 5 years

6.1 Where the Proposer is a sole Principal, give details of the arrangements for office supervision when the Proposer is absent

7.1 Please state the numbers of employees:

	Principals, Directors, Partners	Qualified Staff	Administration	Other	Total
This year					
Last Year					
Two Years Ago					

7.2 Please state percentage of qualified staff who are full-time:

 %

7.3 Please state percentage of all other staff who are full-time:

 %

7.4 What is the annual average percentage rate of staff turnover for the last two years?

 %

8.1 Please state the name of any professional body or trade association of which you are a member:

a) Professional Body:

b) Trade Association:

9.1 Do you expect any significant change to, or in the Firm in the coming year??

Yes No

If 'YES', please provide details.

10.1 Is cover required for Partners' Previous Business?

Yes No

(This extension covers liability incurred as a Partner in a previous accounting practice)

If 'YES', state

For Which Partners	Name of Previous Business	Date Partner Left Business	Limit of Indemnity Required
			£
			£
			£
			£

11.1 Is or has the Proposer been a member of a consortium, joint venture, group practice or similar organisation? Yes No

If **'YES'**, please provide details

12.1 Do you use consultants / sub-contractors? Yes No

If **'YES'**, please provide the following details:

12.2 What percentage of your turnover / fee income was paid to them in the last financial year? %

12.3 What was the nature of work undertaken?

12.4 Does the Proposer have a contract in place with each sub-contractor? Yes No

If **'NO'**, please provide details why not:

12.5 Do the terms of contract under which the Proposer appoints sub-contractors require them to carry their own Professional Indemnity Insurance for a minimum coverage of £1,000,000? Yes No

If **'NO'**, please provide details why not:

12.6 Please give the following details of all Consultants under a contract of service with the Proposer:

Name:	Age	Qualification & Date Qualified:	How Long With The Practice:

Business Activities

13.1 In your own words please provide a full description of all your activities, including any areas of specialisation:

14.1 Please provide your gross fee income in GBP for the current financial year (estimated) and the previous five accounting periods.

Financial Year End Date:						
Estimated split:	Estimate Current Year	Last Completed Year	Prior Year 1 To Last Completed	Prior Year 2 To Last Completed	Prior Year 3 To Last Completed	Prior Year 4 To Last Completed
UK	£	£	£	£	£	£
USA/Canada*	£	£	£	£	£	£
Rest of the World*	£	£	£	£	£	£
Total Gross Fee income	£	£	£	£	£	£

* State countries, amounts involved and nature of work undertaken for clients domiciled outside the UK

14.2 Please state the largest fee earned from any client in the last 3 years

£

14.3 Please state the average fee earned per client in the last 12 months

£

15.1 Does the Proposer operate from offices other than UK offices?

Yes

No

If 'YES', please provide details:

15.2 Is any work undertaken by the Proposer where the ultimate construction/installation is carried out outside of the UK? Yes No

If **‘YES’**, please provide details:

Country	Details of the Contracts and Services provided by the Proposer	Your Annual Income/Fee	Value of largest contract commenced during the last 12 months
		£	£
		£	£
		£	£
		£	£

15.3 Does the Proposer enter into any contracts where the jurisdiction or applicable law is other than UK? Yes No

If **‘YES’**, please provide details:

15.4 Is the Proposer represented in any way in the USA or its territories and possessions or Canada? Yes No

If **‘YES’**, state how (e.g. by subsidiary company, local office, local representative or by any other person or concern holding a power of attorney on behalf of the Proposer):

16.1 Please indicate which of the following services are performed by the Proposer by showing the percentage of gross fees received during Last Completed Year in the categories below:

Services	%	Services	%
Architecture		Marine Engineering	
CDM Regulations role of “Principal Designer” formerly CDM co-ordinator		Mechanical Engineering	
Chemical Engineering		Mining Engineering	
Civil Engineering		Nuclear Engineering	
Electrical Engineering		Soil Engineering	
Electronic Engineering		Structural Engineering	
Heating & Ventilating Engineering		Other Services -- <i>Provide details below</i> --	
TOTAL (Must Equal 100%)			

16.2 Please provide full details of all ‘OTHER WORK’ and percentage of fee income:

16.3 If fees are declared above (**CDM Regulations role of “Principal Designer” formerly CDM co-ordinator**), give details how those in the principal designer role are informed of the duties and responsibilities under The Construction (Design and Management) Regulations 2015 and their training/qualifications to perform the Principal Designer role

17.1 If the Proposer engages in the following types of work, state the percentage of gross fees received in the last year

Types of Work	%	Types of Work	%
Air conditioning for 'clean' rooms		Office developments	
Amusement rides and lifting equipment		Railways/Railway signalling equipment	
Aviation industry		Recreation/Sports/Leisure buildings including hotels	
Communication Systems		Roofing	
Dams, harbours, jetties, offshore installations and marine projects		Schools, hospitals and municipal buildings	
Design of fire protection and security systems		Sewage and water schemes	
Ecclesiastical		Shopping Centres/Supermarkets	
Expert witness work		Small Industrial units	
High rise properties (over 4 stories)		Soil testing and site investigation	
Housing developments (up to 50 units)		Specialist Glazing	
Housing developments (over 50 units)		Tunnels, mines and bridges	
Industrial Waste Treatment		Warehouses	
Nuclear, atomic or petrochemical industry		Other Work -- <i>Provide details below</i> --	
TOTAL (Must Equal 100%)			

17.2 Please provide full details of all 'OTHER WORK' and percentage of fee income:

18.1 State percentage of gross fees received in the last year applicable to:

a) Public sector or PFI contracts	
b) Housing Association contracts	
c) Contract Values over £10m	
d) New Build?	
e) Refurbishment?	

f) Work on feasibility studies (where no further service provided) and/or design work on aborted projects %

g) Where the practice undertakes design and supervision %

h) Where the practice undertakes design but no supervision %

19.1 In respect of architectural activities declared, does this involve the use of well-established designs? Yes No

If 'NO', please provide details:

20.1 Is the work split above representative of the Firm(s) make up over the previous three years? Yes No

If 'NO', please provide details:

20.2 Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months? Yes No

If 'YES', please provide details:

21.1 Please split the Firm(s) business between the following market sectors:

Sector	%	Sector	%
Aerospace	<input type="text"/>	Healthcare/Medical	<input type="text"/>
Commercial	<input type="text"/>	Manufacturing/Industrial	<input type="text"/>
Construction/Engineering	<input type="text"/>	Rail	<input type="text"/>
Finance	<input type="text"/>	Trade Wholesale/Retail	<input type="text"/>
Government	<input type="text"/>	Other Sectors -- Provide details below --	<input type="text"/>
TOTAL (Must Equal 100%)			<input type="text"/>

21.2 Is this business split representative of the Firm(s) business over the previous three years? Yes No

If **'NO'**, please provide details:

21.3 Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months? Yes No

If **'YES'**, please provide details:

21.4 How many current customers are you undertaking contracts for?

22.1 Please advise the approximate percentage of the total fee income that the Proposer derives from the following types of client:

Client Type	%	Client Type	%
Commercial Industrial	<input type="text"/>	Housing Associations	<input type="text"/>
Contractor Client	<input type="text"/>	Local Authority/Government	<input type="text"/>
Developers	<input type="text"/>	Ecclesiastical	<input type="text"/>
Domestic	<input type="text"/>	Other Sectors -- <i>Provide details below</i> --	<input type="text"/>
TOTAL (Must Equal 100%)			<input type="text"/>

22.2 Please provide full details of all 'OTHER SECTORS' and percentage of fee income:

23.1 Please state percentage of gross fees received in the last year applicable to:

a) Public sector / PFI contracts

 %

b) Contract Values which exceed £10M

 %

24.1 Give details of the five largest contracts where construction has started in the past 5 years:

Largest Contract 1			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

Largest Contract 2			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

Largest Contract 3			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

Largest Contract 4			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

Largest Contract 5			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

25.1 Please provide details of the three largest contracts where construction is expected to commence in the next year

Largest Contract To Commence 1			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

Largest Contract To Commence 2			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

Largest Contract To Commence 3			
Client:		Location:	
Start Date:		End Date:	
Total Contract Value:		Your Income/ Fee:	
Description of Your Activities:			

26.1 Does the Proposer undertake any contract which involves the business/practice or its subcontractors in:

a) Manufacture, construction, erection or installation? Yes No

If 'YES', state what proportion of the fees declared relates to such contracts

 %

b) The supply of materials, plant, goods or equipment? Yes No

If 'YES',

i. Does the supply relate to UK branded products only? Yes No

ii. What proportion of the fees declared relates to such contracts? %

A copy of the contract conditions between the Proposer and the manufacturer or source must be attached

Risk Management

27.1 Does the Proposer work to a professional code of practice? Yes No

If 'YES', please provide details:

27.2 Is the Proposer accredited to:

Accreditation	From date:	
ISO 9001	Yes No	
Cyber Essentials	Yes No	
Other Specialist Quality Mark (please detail)	Yes No	

27.3 Is the Proposer able to confirm the following:

a) Written procedures or checklists are used for the professional services provided? Yes No

b) Work undertaken by staff is regularly reviewed by a Partner/Principal/Director/Member or qualified manager?? Yes No

c) Working procedures are reviewed formally at least annually? Yes No

d) Contracts or terms of acceptance are evidenced in writing and they specify the work to be undertaken and the extent of the Proposer's responsibility? Yes No

e) Records are kept of all contracts, letters of engagement, client meetings and telephone calls? Yes No

f) Working papers are retained for a minimum of 3 years? Yes No

g) Diary systems, registers or other procedures are in place and operated to ensure that deadlines are met? Yes No



h)	Satisfactory written references are always obtained for new employees?	Yes	No
i)	No disciplinary action has been taken by any outside professional or regulatory body against any Partner/Principal/Director/Member, consultant or employee?	Yes	No
j)	Steps are taken to ensure compliance with the latest data privacy legislation?	Yes	No
k)	Commercially licenced and purchased anti-virus software is in operation across their network and that patches & updates are applied regularly in accordance with the suppliers' recommendations?	Yes	No
l)	Critical/sensitive data is backed up at least weekly to a secure location (i.e. off-site, cloud)?	Yes	No

If **'NO'** to any of the above, please explain why not and what alternative processes you have in place to address these issues:

28.1	Does the Proposer or any Partner/Principal/Director or Member act on behalf of, or undertake work for any firm, company or organisation in which the Proposer or any Partner/Principal/Director or Member has a financial interest?	Yes	No
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If **'YES'**, please provide details

28.2	Does any Partner/Principal/Director or Member perform an executive role or hold a position with another firm, company or organisation whereby he or she is able to make a major policy decision on behalf of such firm, company or organisation?	Yes	No
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If **'YES'**, please provide details of the nature of the association, together with the name of the business and activities undertaken:

28.3	Is such other company, firm or organisation associated with any process of manufacture, construction or erection or any form of contracting or supply?	Yes	No
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If **'YES'**, please provide details of the nature of the association, together with the name of the business and activities undertaken:



29.1 Please state the number of data records currently processed/stored:

29.2 Do you accept payment via Card-not-Present transactions?

Yes No

29.3 If **'YES'**, do you use 3rd party payment gateways to process payments?

Yes No

If **'NO'**, please provide details why not:

Fraud and Dishonesty

30.1 Has the Proposer sustained any loss through the fraud or dishonesty of any person?

Yes No

If **'YES'**, please provide details

30.2 Is the Proposer aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present Partner, Director or employee?

Yes No

If **'YES'**, please give details and state the precautions taken to prevent a reoccurrence:

31.1 Does the Proposer always require satisfactory references or only when engaging senior employees?

Yes No

If **'NO'**, please give details/procedures/checks in place:

32.1 Is any employee allowed to sign cheques on his/her signature alone for values exceeding GBP25,000?

Yes No

If **'YES'**, please give details/procedures/checks in place:

32.2 How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements (including the balance of cash and unrepresented cheques), independently of employees receiving or banking monies, in respect of monies belonging to the Firm as well as in trust on behalf of others?

Weekly

Monthly

Quarterly

Other (Please specify)

33.1 Do you currently have a professional indemnity policy in place?

Yes

No

If 'YES', please provide details:

Name of Current Insurer:	
Name of current Broker:	
Renewal Date:	
Limit of Indemnity	
Premium:	
Excess:	
Retroactive Date:	

34.1 Has any Insurer in respect of the risks to which this proposal relates ever:

- | | | |
|---|-----|----|
| a) Declined a proposal or refused renewal for the Proposer or its Partners/Principals /Directors or Members? | Yes | No |
| b) Cancelled or voided an insurance for the Proposer or its Partners/Principals/Directors or Members? | Yes | No |
| c) Imposed special terms, exclusions or increased premium for the Proposer or its Partners/Principals/ Directors or Members? | Yes | No |

If 'YES', please provide details:

35.1 Has any person for whom this Insurance is Proposed:

- | | | |
|---|-----|----|
| a) ever been convicted of or charged with (but not yet tried in respect of) a criminal offence other than a motoring offence? | Yes | No |
| b) ever been declared bankrupt? | Yes | No |
| c) ever been a principal of a business which has gone into insolvent liquidation or been the subject of a receivership or an administration order? | Yes | No |

If 'YES', please provide details:

36.1 Is there any other information that you consider material to the insurance required?

Yes

No

If 'YES', please provide details:

37.1 For what limits of indemnity are quotations required?

£250,000	£500,000	£1,000,000	£2,000,000
£3,000,000	£5,000,000	£10,000,000	£15,000,000
Other	£	£	£

37.2 Does the Proposer wish to contribute towards each and every claim?

£1,000	£2,500	£5,000	£10,000
Other	£	£	£

Note. In most cases, a contribution will be compulsory

37.3 Do you currently have insurance cover in place for the following:

Policy type:	Insurer(s)	Broker	Expiry date
Cyber Liability			
Directors & Officers			
Office Combined or EL / PL policy			
Employment Practices Liability			
Crime Insurance			
Motor Fleet			
Key Man			

Champion Professional Risks are able to arrange and advise on a wide range of insurance products in addition to Professional Indemnity. Please contact us for more information

Claims & Circumstances

38.1 Has any claim been made against the Proposer or any predecessors in business or any Partner/Principal/Director/Member, consultant or employee in relation to the professional services undertaken, or has anyone threatened to bring such a claim, in the last 5 years? Yes No

38.2 Has the Proposer or any predecessors in business or any Partner/Principal/Director Member, consultant or employee incurred any other loss or expense which might be covered under the terms of this insurance? Yes No

If the answer to **38.1** or **38.2** is 'YES', please provide details below or attach a separate note if preferred

Date of Claim/Loss:	Brief details of each claim/loss	Maximum potential value of each claim or loss	Cost of claim/loss	Estimated cost of claim/loss outstanding
		£	£	£
		£	£	£
		£	£	£
		£	£	£

38.3 What action has been taken to prevent a recurrence of any previous claim or loss?

38.4 Is any Partner/Principal/Director/Member, after enquiry, aware of any circumstances which may:

- a)** Give rise to a claim against the Proposer or any predecessors in business or any present or former Partner/Principal/Director/Member? Yes No
- b)** result in the Proposer or any predecessors in business or any present or former Partner/Principal/Director/Member incurring any losses or expenses which might be covered under the terms of this insurance? Yes No

If 'YES', to any of the above, please provide details (including maximum potential cost):

Additional Information

39.1 Please use the section to provide any additional information:

Data Protection Notice

Any information provided on this form, which may include sensitive data (e.g. medical history, criminal convictions, age), will be processed by Champion Professional Risks in accordance with our Privacy Policy and will only be used for the purposes of providing insurance cover and handling claims arising.

In the course of our duty as insurance brokers we may be required to provide such data to limited third parties including Insurers and/or circumstance required by law. A copy of the form and any additional documents submitted should be retained for your records.

For full details of our Privacy Policy please visit: <http://www.championprofessionalrisks.co.uk/privacy>

Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer in deciding whether to accept the risk and on what terms.

The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Insurers, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

Declaration

On behalf of the proposer/s, I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform the Insurer.

IMPORTANT - Please save a version of the proposal form before signing. Once the form has been signed no further changes can be made.

Date:

Signature of principal / director / partner:

This form allows you to create a digital signature by following the instructions after you click on the signature box.

However, you can instead choose to print and sign the form or send it to us unsigned and we will send you a signature request via email once quotes are agreed and you are ready to proceed with cover.

Please don't forget to attach/send any required additional information to support your submission.