

# ARcover

## Single Project Professional Indemnity Policy

### PROPOSAL FORM

#### **IMPORTANT NOTICE**

1. Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013 or any amendments thereof requires that you disclose in this proposal form fully and faithfully all facts or any matter which you know or ought to know; and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in the avoidance of your contract of insurance.
2. This is a Proposal for a claims made and notified policy, it will only cover Claims which are first made against you **and** reported to the Insurer during the Policy Period. Defence Costs incurred will reduce the Limits of Liability available to pay Loss.

Every question must be answered in full, leaving no blank spaces. If the space provided is not sufficient to record a complete answer, please record the answer on a separate sheet of paper, sign, date and attach it to this form.

1. Project Details	
1.1 Name of Applicant:	
1.2 Principal Address:	
1.3 Name of Contract Principal:	
1.4 Applicants web address:	
1.5 Description of the Project:	Name of Project: Location: Total Contract Value: Professional Fees for all Applicants: Brief Description of Project Works:
1.6 Project Periods:	Anticipated project start date: Design Phase: Construction Period: Maintenance Period: Discovery Period: Period of Insurance required:
1.7 What role with the Applicant have in the Project?	Principal <input type="checkbox"/> Architect <input type="checkbox"/> Lead Contractor <input type="checkbox"/> Lead Engineer <input type="checkbox"/> Sub-Contractor <input type="checkbox"/>
1.8 Has the contract been awarded to the Applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Award:
1.9 Describe the nature of the Applicant's Professional services with respect to the project:	

<p>1.10 Please provide a split of Professional Fees:</p>	<p>Currency:</p> <table border="1"> <thead> <tr> <th data-bbox="655 232 967 360">Activity</th> <th data-bbox="967 232 1251 360">Total Gross Fees (including fees subcontracted)</th> <th data-bbox="1251 232 1517 360">Amount of Subcontracted Fees</th> </tr> </thead> <tbody> <tr><td data-bbox="655 360 967 416">Architectural</td><td data-bbox="967 360 1251 416"></td><td data-bbox="1251 360 1517 416"></td></tr> <tr><td data-bbox="655 416 967 472">Quantity Survey</td><td data-bbox="967 416 1251 472"></td><td data-bbox="1251 416 1517 472"></td></tr> <tr><td data-bbox="655 472 967 528">Project Management</td><td data-bbox="967 472 1251 528"></td><td data-bbox="1251 472 1517 528"></td></tr> <tr><td data-bbox="655 528 967 584">Project Coordination</td><td data-bbox="967 528 1251 584"></td><td data-bbox="1251 528 1517 584"></td></tr> <tr><td data-bbox="655 584 967 640">Engineering:</td><td data-bbox="967 584 1251 640"></td><td data-bbox="1251 584 1517 640"></td></tr> <tr><td data-bbox="655 640 967 696">    Civil</td><td data-bbox="967 640 1251 696"></td><td data-bbox="1251 640 1517 696"></td></tr> <tr><td data-bbox="655 696 967 752">    Structural</td><td data-bbox="967 696 1251 752"></td><td data-bbox="1251 696 1517 752"></td></tr> <tr><td data-bbox="655 752 967 808">    Mechanical</td><td data-bbox="967 752 1251 808"></td><td data-bbox="1251 752 1517 808"></td></tr> <tr><td data-bbox="655 808 967 864">    Electrical</td><td data-bbox="967 808 1251 864"></td><td data-bbox="1251 808 1517 864"></td></tr> <tr><td data-bbox="655 864 967 954">    Heating &amp; Ventilation</td><td data-bbox="967 864 1251 954"></td><td data-bbox="1251 864 1517 954"></td></tr> <tr><td data-bbox="655 954 967 1010">    Soil &amp; Foundation</td><td data-bbox="967 954 1251 1010"></td><td data-bbox="1251 954 1517 1010"></td></tr> <tr><td data-bbox="655 1010 967 1066">    Others-Please specify</td><td data-bbox="967 1010 1251 1066"></td><td data-bbox="1251 1010 1517 1066"></td></tr> </tbody> </table>	Activity	Total Gross Fees (including fees subcontracted)	Amount of Subcontracted Fees	Architectural			Quantity Survey			Project Management			Project Coordination			Engineering:			Civil			Structural			Mechanical			Electrical			Heating & Ventilation			Soil & Foundation			Others-Please specify		
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<p>1.11 Please list other parties to be covered as Insureds under the policy.</p> <p>(Please note rights of recovery cannot be made against parties who are Insureds.)</p>	<table border="1"> <thead> <tr> <th data-bbox="655 1111 1126 1144"><u>Name</u></th> <th data-bbox="1126 1111 1538 1144"><u>Services Provided</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="655 1144 1126 1368"></td> <td data-bbox="1126 1144 1538 1368"></td> </tr> </tbody> </table>	<u>Name</u>	<u>Services Provided</u>																																					
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<p>1.12 Are rights of recourse against other parties maintained?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide details</p>																																							
<p>1.13 Is any part of the project in a United States domicile or any Applicant a United States domiciled entity?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide details</p>																																							
<p>1.14 Is there any prototype of innovative techniques used in the project?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide details</p>																																							

<p>1.15 Does the Applicant have an Annual Professional Indemnity Policy in force?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide the following:</p> <p>Insurer:</p> <p>Limit of Indemnity:</p> <p>Period of cover:</p>
<p>1.16 Are contractors required to maintain professional indemnity insurance?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, what is the Limit of Indemnity required?:</p>
<p>1.17 Limit(s) of Indemnity Required:</p> <p>Excess:</p>	
<p>1.18 Other Insurance:</p>	<p>Please advise what other insurances will be purchased for the project:</p>
<p>1.19 Claim Declaration:</p>	<p>a. Are there any professional indemnity claims against any of the Applicants or proposed insured?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide details</p> <p>b. Have there been any circumstance which may lead to claims, disputes or litigations on projects of a similar nature?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide details</p>

**ADDITIONAL INFORMATION**

Please enclose with this proposal form the following information:

- Full description of the project
- Project timeline/schedule
- Feasibility study
- Project delivery method/ technical proposal
- Project organisation chart
- Geotechnical report
- Design specifics – drawings or pictures
- Project Risk Management protocols
- Insured's Corporate Profile & Project Experience
- Curriculum Vitae of Key Professional Staff



## 2. Declaration and Signature

The undersigned authorised representative of the Applicant, having made all necessary enquiries, declare that to the best of my knowledge and belief the statements in this proposal form and all attachments and schedules are true and complete; and immediate notice will be given to the Insurer should any of the above information alter between the date of this Proposal and the date of inception of the Policy.

Signing of this Proposal does not bind the Applicant or the Insurer to complete the insurance contract, but it is agreed that this Proposal shall be the basis of the contract should a Policy be issued, and it will be attached to and become part of the Policy. All written statements and materials furnished to the Insurer in conjunction with this Proposal are incorporated by reference into this Proposal and made a part hereof.

The Insurer and/or their representative are authorised to make any investigation and inquiry in connection with this application as is reasonable and necessary. Nothing contained in this Proposal shall constitute notification of a claim or potential claim.

I/We have fully read and understood the terms and conditions set out in the Insurer's Personal Data Notice and consent to collection, use, disclosure, transfer, and processing of my / our Personal Information in accordance with the Personal Data Protection Act 2010. This includes personal data in the possession or under control of the Insurers, including personal data in the possession of organisations which the Insurer has engaged to collect, use, disclose or process personal data for the Insurer's purposes. Please refer to <https://www.poi2u.com/pdpa-notice> for details of P&O's PDPA Notice.

Must be signed by a corporate officer with authority to sign on the Applicant's behalf. By printing your name in both the Signature and Name sections below and submitting it to us and/or our authorised representative, you are agreeing that it is the legal equivalent of your manual signature on the Form.

**Signature:**

**Name:**

**Designation:**

**Date:**