

PROPOSAL FORM

Design & Construct Professional Indemnity Insurance

IMPORTANT NOTICE

PLEASE ANSWER THIS PROPOSAL FORM CAREFULLY - Please remember that you are under a duty to answer all questions, which we ask, honestly and with reasonable care. Please ensure all answers and information given in this Proposal Form and any other documents previously provided by you or your broker to us are complete and accurate.

This is for your own protection as if the information you provide is not accurate:

- your policy may not provide you with the cover you need,
- a claim may not be paid,
- the policy could be declared invalid and void or may be cancelled, and
- you may encounter difficulties trying to purchase insurance elsewhere

PLEASE NOTE - IF YOU ARE NOT A CONSUMER (AS DEFINED BELOW) THE FOLLOWING DUTY ALSO APPLIES

In addition to the above, you must also tell us about any other facts, which are likely to affect whether we agree to provide cover, or how we assess the risks proposed for insurance.

If you are not sure whether you should tell us about something, please tell us anyway. This is for your own protection because, if you do not give us all the information we need, the policy may not provide you with the cover you need, a claim may not be paid, the policy may be declared invalid and void or may be cancelled, and you may encounter difficulty trying to purchase insurance elsewhere. Where applicable, you should also be aware that failure to have property insurance in place could lead to a breach of the terms and conditions attaching to any loan secured on that property.

Consumer Definition:

Consumer means a '*consumer*' as defined by section 2(1) of the Financial Services and Pension Ombudsman Act 2017. For the avoidance of doubt, the definition of '*consumer*' shall include:

- (i) a natural person, not acting in the course of business,
- (ii) a sole trader, partnership, trust club or charity (not being a body corporate), with an annual turnover in its previous financial year (within the meaning of section 288 of the Act of 2014) of €3 million or less, or
- (iii) an incorporated body that
 - (a) had an annual turnover in its previous financial year (within the meaning of section 288 of the Act of 2014) of €3 million or less, and
 - (b) is not a body corporate that is a member of a group of companies (within the meaning of section 8 of the Act of 2014) with a combined annual turnover (in the previous financial year (within the meaning of section 288 of the Act of 2014) of the group of companies), of greater than €3 million.

HOW TO COMPLETE THE PROPOSAL FORM

On your computer:

1. Download and save the blank PDF form to your hard drive
2. Open the form with Adobe Reader
3. Complete all fields within the form
4. You can save the form on your hard drive and return to complete it at any stage
5. Make sure that you include all relevant supporting documentation with your submission to avoid processing delays
6. After completing the form, attach it and all supporting documentation in an email to your designated contact at Arachas

By hand:

1. Open the PDF
2. Print the PDF
3. Complete the printed form
4. Make sure that you included all relevant supporting documentation within your submission to avoid processing delays
5. After completing the form, attach it and all supporting documentation in an email to your designated contact at Arachas

Arachas Corporate Brokers

The Courtyard,
Carmanhall Road,
Sandyford Business Estate,
Dublin 18
Tel: (01) 213 5000
Email: insure@arachas.ie

Complaints Procedure

In the event that the Policyholder has a complaint against the Insurer, in the first instance the Policyholder should address correspondence to:

Arachas Corporate Brokers Ltd
The Courtyard
Carmanhall Road
Sandyford Business Park
Sandyford
Dublin 18
D18X377

All correspondence will be passed to the Insurer who will investigate matters and respond.

If you remain dissatisfied, you may contact the Financial Services and Pensions Ombudsman at Lincoln House, Lincoln Place, Dublin 2, D02 VH29, tel. +353 1 567 7000, email: info@fspo.ie.
The FSPO website gives information on its complaints handling.

Data Protection

The Company processes data in line with the provisions of the Data Protection Acts' shall mean the Data Protection Acts 1988 to 2018, as amended, updated, supplemented, repealed or replaced from time to time and includes the EU General Data Protection Regulation (Regulation 2016/679).

Personal data is collected in order to provide the highest standard of service to you. The information you give us may include your name, date of birth, details of home address, contact address, e-mail address and phone number, employment details, bank account detail, tax details, assets and liabilities, expense details, financial and credit card information, photo identification documentation, criminal convictions. Information supplied is kept secure, is used only for legitimate purposes in our activity as intermediary and is retained for no longer than is necessary, subject to any regulatory rules regarding record maintenance.

You may have entitlements under legislation to inspect all personal information held on file by the Company and to have inaccuracies in that information corrected. Subject access requests for specific information should be sent to the Data Protection team at our Dublin office. There is no fee for such requests.

1

Name of the Firm/Partnership/Individual including Trading and Business Name

Address (main office)

Postcode/Eircode

Telephone No:

Website

Date of commencement of the firm

If under two years experience in this occupation please supply a cv for principals and brief business plan.

Contact Name

Email

2

Please provide a clear description of the business activities of the firm

3

Please state your total number of staff

Partners and directors

Name

Qualifications

No. of years' experience in this capacity

Other qualified staff

Name

Qualifications

No. of years' experience in this capacity

Other employees

Please provide the total number of employees in the following categories

Other technical staff

Administrative & secretarial staff

Please give total fee income generated for the last 3 completed years (including those paid to sub-contractors).
For 'start-ups' please enter estimates.

	Current Year DD/MM/YYYY	Last completed Year DD/MM/YYYY	Year previous DD/MM/YYYY
Republic of Ireland	€	€	€
United Kingdom	€	€	€
Europe	€	€	€
USA/Canada	€	€	€
Rest of World	€	€	€
TOTAL	€	€	€

Please specify your financial year end DD/MM/YYYY

What is your projected total fee income for next financial year?

Republic of Ireland	€	USA/Canada	€
United Kingdom	€	Rest of World	€
Europe	€	TOTAL	€

Do you have any offices outside the Republic of Ireland for which you are seeking cover YES ☐ NO ☐

If 'YES' please provide details

For the last complete financial year, what was the largest Turnover from any one contract? €

Please state the 5 largest contracts undertaken in the last 3 years

1. Client	Client Industry		
Nature of Contract	Scope of Services Provided		
Total Overall Project Value	Own Contract Value	Start Date	End Date
€	€	DD/MM/YYYY	DD/MM/YYYY

2. Client	Client Industry		
Nature of Contract	Scope of Services Provided		
Total Overall Project Value	Own Contract Value	Start Date	End Date
€	€	DD/MM/YYYY	DD/MM/YYYY

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Continued

3. Client

Client Industry

Nature of Contract

Scope of Services Provided

Total Overall Project Value

Own Contract Value

Start Date

End Date

DD/MM/YYYY

DD/MM/YYYY

4. Client

Client Industry

Nature of Contract

Scope of Services Provided

Total Overall Project Value

Own Contract Value

Start Date

End Date

DD/MM/YYYY

DD/MM/YYYY

5. Client

Client Industry

Nature of Contract

Scope of Services Provided

Total Overall Project Value

Own Contract Value

Start Date

End Date

DD/MM/YYYY

DD/MM/YYYY

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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

a) Declined to Insure? YES ☐ NO ☐

b) Imposed special terms? YES ☐ NO ☐

c) Cancelled or voided a policy? YES ☐ NO ☐

d) Requested the withdrawal of a claim? YES ☐ NO ☐

If any answer is 'YES', please provide full details on a separate sheet

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Do you require cover for the previous business activities of any Partner/Director/Principal

YES ☐ NO ☐

If 'YES', please provide full details

Name of Partner / Director / Principal

Name of Practice

Date Leaving

DD/MM/YYYY

DD/MM/YYYY

DD/MM/YYYY

Please give the split of gross fees in Euro (including those paid to subcontractors) for the last complete financial year

Activity	% of income
Architecture - PDH New Build / Refurbishment	<input type="text"/>
Architecture - Low Rise (less than 10 storey)	<input type="text"/>
Architecture - High Rise (greater than 10 storeys)	<input type="text"/>
Architecture - Extension / Loft Conversion	<input type="text"/>
Architecture - Office and Retail	<input type="text"/>
Architecture - Commercial	<input type="text"/>
Architecture - Schools and Colleges	<input type="text"/>
Architecture - Hotels and Leisure	<input type="text"/>
Architecture - Sports Stadia	<input type="text"/>
Architecture - Ecclesiastical	<input type="text"/>
Architecture - Other	<input type="text"/>
Structural Survey / Inspection Reports	<input type="text"/>
Interior Design	<input type="text"/>
Project Management / Employers Agent	<input type="text"/>
Adjudication / Arbitration	<input type="text"/>
Town Planning	<input type="text"/>
Expert Witness	<input type="text"/>
Feasibility	<input type="text"/>
Landscape (incl. golf courses)	<input type="text"/>
Civil Engineering	<input type="text"/>
Structural Engineering	<input type="text"/>
Mechanical Engineering	<input type="text"/>
Electrical Engineering	<input type="text"/>
Heating & Ventilation Engineering	<input type="text"/>
Environmental Engineering	<input type="text"/>
Geotechnical Engineering	<input type="text"/>
Hydrolic Engineering	<input type="text"/>
Transport Engineering	<input type="text"/>
Municipal Engineering	<input type="text"/>
Construction Surveying	<input type="text"/>
General Construction &/or Building	<input type="text"/>
Land Surveying	<input type="text"/>
Other	<input type="text"/>

If 'Other' please provide details

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*Continued***Percentage breakdown of turnover applicable to contracts where:**

Turnover where firm designs and constructs from their own design and supervision

Fees in respect of design only

Turnover where firm designs and constructs but where the design work is subcontracted but supervision retained

Turnover where firm designs and constructs but where the design work is subcontracted but supervision sub-contracted

Turnover where the firm constructs from designs provided by the client

All other Turnover

What approximate percentage of gross fee income was paid to sub-contractors in the last complete financial year?

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a) Has your practice ever provided any construction and/or professional services in respect of nuclear and/or energy generation and/or other form of power plant and/or chemical & petrochemical, waste to energy and/or biomass?

YES ☐ NO ☐*If 'YES' please provide details*

b) Has your practice undertaken projects in the last 10 years where you design concrete floating slab foundations for warehousing and/or manufacturing buildings exceeding 10,000 square metres?

YES ☐ NO ☐*If 'YES' please provide details*

c) Has your practice in the last 10 years provided any design services for foundation and/or reinforced concrete (RC) slab contracts in Industrial / Manufacturing / Warehousing / Storage / Distribution sites?

YES ☐ NO ☐*If 'YES' please answer i, ii & iii below*

(i) Can you confirm that all design of RC slabs are either client supplied design or from third party Engineers appointed by the Proposer with own PI in place (and you have no in house design of RC slabs).

YES ☐ NO ☐*If 'NO' please provide further details**Continued on page 8*

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Continued

(ii) Please provide details of any quality assurance processes in place. i.e. what internal controls, design reviews, external sign off is in place? Are the end client requirements (site use, loadings etc.) clearly recorded in the appointment documents?

(iii) Please provide an overview of the RC slab exposures at Industrial/Manufacturing/Warehousing/Storage/Distribution sites – including approximate number of projects per annum, 3 largest contract values, split of types of projects, services provided etc.

Projects per annum	3 largest contract values	Type of project	Scope of services provided	End date of project
	€			
	€			
	€			

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What approximate percentage of gross fee income was paid to sub-contractors in the last complete financial year?

Please tick the applicable boxes below if your practice has provided any construction and/or professional service in the last 10 years in respect of the following?

Railways	<input type="checkbox"/>	Bridges	<input type="checkbox"/>	Demolition	<input type="checkbox"/>
Dams	<input type="checkbox"/>	Swimming Pools	<input type="checkbox"/>	Roofing	<input type="checkbox"/>
Tunnels	<input type="checkbox"/>	Mines	<input type="checkbox"/>	Basements	<input type="checkbox"/>
Jetties	<input type="checkbox"/>	Data Centres	<input type="checkbox"/>	Pharmaceutical and/or Clean Room work	<input type="checkbox"/>
Airports/Airside	<input type="checkbox"/>	Curtain Walling	<input type="checkbox"/>	Foundations or Underpinning	<input type="checkbox"/>
Hospitals	<input type="checkbox"/>	Glazing	<input type="checkbox"/>	Fire Safety Consultancy, Fire Engineering or Fire Risk Assessments	<input type="checkbox"/>

If you've ticked any of the boxes above, please provide FULL details of your 5 largest projects relating to these areas of work in the section below

Project Name/Client			
Nature and Type of project			
Total Contract Value			
Own Contract Value			
Start date	DD/MM/YYYY	Completion date	DD/MM/YYYY
Scope of Services provided			
Do you have final sign off of completed works			
Where/are you working on anything deemed safety critical			

Project Name/Client			
Nature and Type of project			
Total Contract Value			
Own Contract Value			
Start date	DD/MM/YYYY	Completion date	DD/MM/YYYY
Scope of Services provided			
Do you have final sign off of completed works			
Where/are you working on anything deemed safety critical			

Project Name/Client			
Nature and Type of project			
Total Contract Value			
Own Contract Value			
Start date	DD/MM/YYYY	Completion date	DD/MM/YYYY
Scope of Services provided			
Do you have final sign off of completed works			
Where/are you working on anything deemed safety critical			

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Continued

Project Name/Client			
Nature and Type of project			
Total Contract Value			
Own Contract Value			
Start date	DD/MM/YYYY	Completion date	DD/MM/YYYY
Scope of Services provided			
Do you have final sign off of completed works			
Where/are you working on anything deemed safety critical			

Project Name/Client			
Nature and Type of project			
Total Contract Value			
Own Contract Value			
Start date	DD/MM/YYYY	Completion date	DD/MM/YYYY
Scope of Services provided			
Do you have final sign off of completed works			
Where/are you working on anything deemed safety critical			

Cladding Questionnaire

1. In the last 10 years, has the Proposer undertaken any contracts where they have been involved in / responsible for the specification, selection, design, installation, certification of cladding / cladding systems / rainscreen systems or the project management of work that included cladding / cladding systems / rainscreen systems specified, selected, designed, installed or certified by a third party?

YES ☐ NO ☐

If yes, please answer Questions 2 - 4

2. Are any of these contracts in respect of multiple occupancy residential and/or mixed use development and/or public buildings (refer definition below)?

YES ☐ NO ☐

3. Are any of these contracts in excess of 18m in height?

YES ☐ NO ☐

4. Did any of the contracts include the use of ACM/P (aluminium composite materials/panels), ZCM/P (Zinc Composite materials/panels), HPL (high pressure laminates) or ventilated rainscreen systems incorporating PIR (Polyisocyanurate) or PUR (Polyurethane rigid foam) external wall insulation?

YES ☐ NO ☐

If YES, to questions 1, 2, 3 or 4, please complete the contract details section of this Questionnaire at the end of this proposal form.

Definition of Public Buildings

Public buildings shall include, but are not limited to, hospitals, care homes, multiple occupancy residential, schools, universities, stadia, hotels and mixed use developments.

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a) Has the firm and/or any prior practice made any claim or notified any circumstance in the last 6 years?

YES ☐ NO ☐

b) Is the firm aware, after careful enquiry, of any loss or claim or circumstance which may give rise to a claim which has not already been notified to past or present insurers?

YES ☐ NO ☐

c) Is there any matter notified by the firm to insurers or that has not been accepted as an effective notification?

YES ☐ NO ☐

**If 'Yes' to a,b, or c above, please provide details on the Claims page at the back of this document.
Include steps taken to prevent a recurrence..**

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Does the firm currently have a Professional Indemnity policy in place

YES ☐

NO ☐

If 'YES', please state:

Current Insurer:

Renewal Date:

Limit of Indemnity

Excess

DD/MM/YYYY

Has the firm purchased and maintained PI Insurance continually with no breaks in cover for the past 6 years or since establishment?

YES ☐

NO ☐

If 'No' can you please advise the retroactive date on your current policy

DD/MM/YYYY

If you are currently not insured for Professional Indemnity, or have not entered a date above, the retroactive date will be the inception of this policy

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What limit of indemnity do you require?

€250,000 ☐

€500,000 ☐

€750,000 ☐

€1,000,000 ☐

€1,500,000 ☐

If other please enter amount

€2,000,000 ☐

€2,500,000 ☐

€3,000,000 ☐

Other ☐

€

DECLARATION

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. 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. I/We undertake to inform Insurers or any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated

DD/MM/YYYY

Signature of Partner

Name of Signatory (PLEASE PRINT)

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

Cladding Contract Details

[illegible]

Claims Details

[illegible]

Please provide a brief description of each claim.