

## 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.*

DD/MM/YYYY

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		No. of years' experience in this capacity
Name	Qualifications	
<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>

  

Other qualified staff		No. of years' experience in this capacity
Name	Qualifications	
<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>
<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 300px; height: 25px;" type="text"/>	<input style="width: 80px; height: 25px;" type="text"/>

**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 <i>DD/MM/YYYY</i>	Last completed Year <i>DD/MM/YYYY</i>	Year previous <i>DD/MM/YYYY</i>
Republic of Ireland	€	€	€
United Kingdom	€	€	€
Europe	€	€	€
USA/Canada	€	€	€
Rest of World	€	€	€
<b>TOTAL</b>	€	€	€

Please specify your financial year end

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

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

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	
<input type="text"/>		<input type="text"/>	
Nature of Contract		Scope of Services Provided	
<input type="text"/>		<input type="text"/>	
Total Overall Project Value	Own Contract Value	Start Date	End Date
€ <input type="text"/>	€ <input type="text"/>	<i>DD/MM/YYYY</i>	<i>DD/MM/YYYY</i>

2. Client		Client Industry	
<input type="text"/>		<input type="text"/>	
Nature of Contract		Scope of Services Provided	
<input type="text"/>		<input type="text"/>	
Total Overall Project Value	Own Contract Value	Start Date	End Date
€ <input type="text"/>	€ <input type="text"/>	<i>DD/MM/YYYY</i>	<i>DD/MM/YYYY</i>

Continued on page 5

4

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*

5

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

6

Do you require cover for the previous business activities of any Partner/Director/Principal  
If 'YES', please provide full details

YES  NO

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*

*Continued on page 7*

7

*Continued*

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

Turnover where firm designs and constructs from their own design and supervision	<input type="text"/>
Fees in respect of design only	<input type="text"/>
Turnover where firm designs and constructs but where the design work is subcontracted but supervision retained	<input type="text"/>
Turnover where firm designs and constructs but where the design work is subcontracted but supervision sub-contracted	<input type="text"/>
Turnover where the firm constructs from designs provided by the client	<input type="text"/>
All other Turnover	<input type="text"/>
What approximate percentage of gross fee income was paid to sub-contractors in the last complete financial year?	<input type="text"/>

8

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

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*

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			

Continued on page 9



*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.

10

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..**

11

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
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>

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

**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**

12

What limit of indemnity do you require?

€250,000 <input type="checkbox"/>	€500,000 <input type="checkbox"/>	€750,000 <input type="checkbox"/>	€1,000,000 <input type="checkbox"/>	€1,500,000 <input type="checkbox"/>
<i>If other please enter amount</i>				
€2,000,000 <input type="checkbox"/>	€2,500,000 <input type="checkbox"/>	€3,000,000 <input type="checkbox"/>	Other <input type="checkbox"/>	€ <input type="text"/>

**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

Signature of Partner

Name of Signatory (PLEASE PRINT)

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



## Claims Details

Notification Date <small>DD MM YY</small>	Claims Status Outstanding / Settled	Damages	Claimants Costs	Defence Costs	Total
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					

Please provide a brief description of each claim.