

Insurance Solutions Provider

Professional Indemnity for Design and Construct Fact Find

Proposer Details

1.	a. Name(s) of Firm(s):					
	Name:		Date commenced:			
	Name:		Date commenced:			
	Website address:					
1.	b. Address(es) – all addresses must b	e shown together with the	Principal in charge of each local	tion:		
	Address:					
			Principal in charge:			
	Address:					
			Principal in charge:			
	Address:					
			Principal in charge:			
1.	c. Please give the following details fo	r all Partners/Directors/Pr	incipals of the Firm(s):			
	Name:		How long as a Partner/Director/Pri	rincipal:		
	Qualifications:	Date qualified:		Age:		
	Name:		How long as a Partner/Director/Pri	incipal:		
	Qualifications:	Date qualified:		Age:		
	Name:		How long as a Partner/Director/Pri	incipal:		
	Qualifications:	Date qualified:		Age:		
	Name:		How long as a Partner/Director/Pri	incipal:		
	Qualifications:	Date qualified:		Age:		
	Name:		How long as a Partner/Director/Pri	incipal:		
	Qualifications:	Date qualified:		Age:		
	Name:		How long as a Partner/Director/Pri	incipal:		
	Qualifications:	Date qualified:		Age:		
1.	I. d. Is Cover required for Predecessor practices to the Proposer(s)? Yes No If 'yes' please provide full details:					
	Name of Predecessor:	Date com	menced: Date	ceased:		
	Reason for cessation:					
	Name of Predecessor:	Date com	menced: Date	ceased:		
	Reason for cessation:					
2.	Please state total number of:					
	Principals/Directors:	Qualified Staff:	Trained Staff:	Other:		
3.	a. Please provide a full description of	all your activities: (Please p	provide a brochure if available.)			

٥.	b. Flease state gloss turnover (2) in the	ease state gross turnover (2) in the columns provided for the last 5 complete infancial years.						
	Year end: //	//	/	/		/		
	UK work:							
	USA/Canada:							
	Other overseas:							
	Total:							
4.	a. Please break down the figures of the last completed as well as the current financial year under the headings below and split these between income derived from work which relates to projects constructed domestically and those constructed in the regions stated above. (The purpose of this question is to enable Focus to ascertain the extent of your professional fees.)							
		Last comple	Last completed financial year Current fi		ancial year	(anticipa	ated)	
		Domestic	Overseas	Domestic Domestic		Overs	seas	
	A. Turnover where the company/firm designand constructs from their own design a provides full technical supervision							
	B. Fees where the company/firm provides designs and technical supervision but is not involved in construction							
	C. Fees where the company/firm provides project management or supervision of construction services only							
	D. Turnover where the company/firm constructs from other's designs perform on behalf of the company/firm	ned						
	E. Turnover where the company/firm cons from other's design and other's technic supervision, performed on behalf of the company/firm	al						
	F. Other turnover not mentioned above where the proposer has no responsibilit for design services	y 						
4.	b. If any Design work is sub-contracted			nsure that				
	Professional Indemnity Insurance is c	-			Yes		No L	
5.	a. Please give an approximate percent such work is sub-contracted):	tage split of the dis	sciplines within you	ur Design and Consulti	ng Depart	ment (e	even if	
	Civil Engineering	%	Architectural	: New Build Refurbishmer	nt		%	
	Structural Engineering	%	Town Plannir	ng			%	
	Mechanical Engineering	%	Feasibility St	udies			%	
	Electrical Engineering	%	Architectural	Architectural Consultancy			%	
	Heating and Ventilation Engineering	%	Interior Desig	gn			%	
	Soil and Foundations	%	CDM				%	
	Nuclear Engineering	%	Planning Sup	pervision			%	
	Quantity Surveying	%	Purchase or	Lending Valuations			%	
	Building Surveving	%	Other (if more	e than 10% please provid	e details)		%	

Other:			
b. Please indicate as a percentage of tota			
Home Building		Home Building (per Q4 A,D,E & F)	Consultancy (per Q4 B&C)
Individual Dwellings		%	
Low Rise Multiple Dwellings		%	
High Rise Multiple Dwellings (please state max	no. of Storeys)	%	
Modular Dwellings (i.e. involving repetitive designation	gn)	%	
Engineering Construction Highways		%	
Bridges, Tunnels and Dams		%	
Railways, Airports, Harbours and Jetties		%	
Sewage and Water Schemes		%	
Industrial Power Plants, Manufacturing Plants		%	
Refineries and Petro Chemical Installations		%	
Mechanical Plants and Handling Equipment		%	
Industrial Building Systems		%	
Amenities Hospitals and Nursing Homes		%	
Schools and Universities		%	
Hotels and Recreation Centres		%	
MOD		%	
Offices		%	
Airports		%	
Retail		%	
Other Government		%	
		100%	100
a. There are activities in question 5a. whe Have you at any time in the past 3 years p		for the current year.	Yes No
If 'yes' please provide the following details:			
Years end	/	/	/
Services provided	Fees received	Fees received	Fees received
	£	£	£
	. £	£	£
	۶	ç	ę

6.	b. Do you engage in the manufacture or fabrication of any pre-engineered unit?					No	
	If 'yes' please provide details:						
7.	a. Please give details of the 3						
	Client:						
	Start date: Total	Contract value:	Fee:	Approx. Completion [Date:		
	Client:	Se	ervices provided by	/ou:			
	Start date: Total	Contract value:	Fee:	Approx. Completion [Date:		
	Client:	Se	ervices provided by	/ou:			
	Start date: Total	Contract value:	Fee:	Approx. Completion [Date:		
7.	b. Please give details of the 3	largest contracts that ar	e due to commen	ce in the next 12 months:			
	Client:	Se	ervices provided by	/ou:			
	Start date: Total	Contract value:	Fee:	Approx. Completion [Date:		
	Client:	Se	ervices provided by	/ou:			
	Start date: Total	Contract value:	Fee:	Approx. Completion [Date:		
	Client:	Se	ervices provided by	/ou:			
	Start date: Total						
7.	c. In respect of all contracts u						
	unusual or innovative design p	-	,	•	Yes	No	
	If 'yes' please provide full details:						
	Name of Client	Services provided by	you	Nature of end product	Total Contrac	t Value	
8.	Has any insurer ever cancelled conditions in respect of your o		•	•	Yes 🗀	No 🗆	
	If 'yes' please give full details:	Wil of your production (C	o, o minio, o moura			140	
	ii yes piease give iuii detaiis.						

9.	Do you currently buy professional indemnity Insurance?			Yes	No	
	If 'yes' please provide the follo	owing details:				
	Renewal Date:		Limit of Indemnity:			
	Excess:		Premium:			
	Current Insurer:					
10	Please specify:					
	a. The limit(s) of indemnity	you require quotations	s for:			
	£		£	£	£	
	b. Please state the excess	you are prepared to ca	arry:			
	£	·	£	£	£	
11.	. Have any claims, whether s predecessors in business o				Yes	No
12. Is any Partner, Principal, Director or employee after inquiry, aware of any circumstance or occurrences which may give rise to a claim against the Firm(s) or their predecessors in business or any of the present or former Partners, Principals or Directors?						
	If 'yes' to question 11 or 12 plants	ease provide full details:				
De	claration					
fac ins	e declare that, after full enquiry, t or information. I/we agree that urance which may be effected. tter arises before the completio	this fact find together with there is any material alte	th any other information su eration to the facts and info	pplied by me/us shall form th ormation which I/we have pro	e basis of any con	tract of
Sig	nature of Principal:					
Dat	'A'					