



COMBINED PROFESSIONAL INDEMNITY, PUBLIC AND PRODUCTS LIABILITY AND EMPLOYER'S LIABILITY INSURANCE APPLICATION

THIS APPLICATION IS FOR A CLAIMS MADE POLICY FOR PROFESSIONAL INDEMNITY AND AN OCCURANCE BASED POLICY FOR PUBLIC AND PRODUCTS LIABILITY AND EMPLOYER'S LIABILITY. ALL QUESTIONS MUST BE ANSWERED COMPLETELY. DO NOT LEAVE ANY SPACE BLANK. INDICATE "N/A" IF A QUESTION IS NOT APPLICABLE. IF THE SPACE PROVIDED IS INSUFFICIENT TO ANSWER A QUESTION FULLY, PLEASE ATTACH DETAILS ON A SEPARATE SHEET OF YOUR LETTERHEAD INDICATING THE NUMBER OF THE QUESTION.

Question 1 - Firm Name (please include all names under which you practice and include any Predecessor Firm(s) for which cover is required)

Question 2 - Date of Commencement of Current Firm

Question 3 - Address (es) of Firm (list addresses of branch offices on a separate sheet)

Main Office Address:

Website: **Postcode:**

Question 4 - Details of Partners/Directors and Principals (Please attach Curricula Vitae if firm is a start-up or Sole Trader)

Full Name	Age	Qualifications	Date Qualified	How long as Partner/Director of the Firm(s)
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
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Question 5 - Total Numbers of Staff

a) Partner/Director/Principal b) Qualified Staff

c) Others

Question 6 - Total Turnover (revenue) and Gross Fees for professional services (whether collected or not) to include reimbursable expenses and sub-consulting fees

	Last Year (£)	Previous Year (£)	Current Year (estimated) (£)
a) Gross Turnover/Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) Professional Fees (turnover less supply of materials / equipment and pure contracting where no professional advice given)	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Fees emanating from projects separately insured	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Projects permanently aborted	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Fees emanating from services performed in the USA or for USA projects	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Fees emanating from services performed overseas or for overseas projects	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL FEES FOR PROFESSIONAL SERVICES (SUM OF b. THROUGH f.)	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question 7 - Break down of gross professional fees by country.

Country	Gross Professional Fees
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Question 8 - Wageroll split by activity

a) Total Wageroll	<input type="text"/>
Activity	Wageroll
i) Clerical	<input type="text"/>
ii) Non Manual Work	<input type="text"/>
iii) Manual Work at Own Premises	<input type="text"/>
iv) Manual Work Away from Own Premises	<input type="text"/>
v) Manual Work Away from Own Premises including Heat Work	<input type="text"/>
vi) Labour only subcontractors	<input type="text"/>
vii) Any other work not categorised above:	<input type="text"/>

Question 9 - Is there any work undertaken offshore? If yes, please detail the following:

a) Wageroll relating to offshore broken down by activity:

Activity	Wageroll
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

b) Total number of employees offshore:

c) Estimated number of employees offshore at any one location

Question 10 - Manufacture and Supply of Products

a) Does your firm manufacture and/or supply products? If yes, please supply details of the products:

Yes No

b) If your firm only supplies products, are recovery rights against the original manufacturer unaltered?

Yes No

Question 11 - Please give details of the five largest contracts which commenced in the last five years

Start/ Completion Date	Client	Location	Project Type	Estimated Contract Value	Gross Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question 12 - Please give details of the three largest contracts expected to commence in the next three years

Start/ Completion Date	Client	Location	Project Type	Estimated Contract Value	Gross Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question 13 - Nature of Professional Services: Based on your firm's gross professional fees, please indicate the approximate percentage of your services performed in each of the discipline areas below (Note: This section should total 100%). Where necessary, please provide further explanation in the space provided for in Question 15

	%		%		%		%
Chemical Engineering	<input type="text"/>	Health & Safety Services	<input type="text"/>	Process Engineering	<input type="text"/>	Well Logging	<input type="text"/>
Civil Engineering	<input type="text"/>	Hydraulic Fracturing	<input type="text"/>	Production Engineering	<input type="text"/>	Well Production	<input type="text"/>
Corrosion Engineering	<input type="text"/>	Hydrological Engineering	<input type="text"/>	Remote Surveying	<input type="text"/>	Other (detail below)	<input type="text"/>
Control Systems Engineering	<input type="text"/>	HVAC Engineering	<input type="text"/>	Reservoir Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Decommissioning Services	<input type="text"/>	Laboratory Testing	<input type="text"/>	Software Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diving Services	<input type="text"/>	Oil / Gas Field Mapping	<input type="text"/>	Structural Engineering	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drilling - Exploratory	<input type="text"/>	Marine Engineering	<input type="text"/>	Surveying	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drilling - Production	<input type="text"/>	Materials Testing	<input type="text"/>	Welding	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electrical Engineering	<input type="text"/>	Mechanical Engineering	<input type="text"/>	Well Abandonment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Environmental Engineering	<input type="text"/>	Mining Engineering	<input type="text"/>	Well Completion	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fire Protection Engineering	<input type="text"/>	Monitoring Systems	<input type="text"/>	Well Design	<input type="text"/>	<input type="text"/>	<input type="text"/>
Geotechnical Engineering	<input type="text"/>	Nuclear Engineering	<input type="text"/>	Well Development	<input type="text"/>	<input type="text"/>	<input type="text"/>
Geophysical Engineering	<input type="text"/>	Pipeline Engineering	<input type="text"/>	Well Drilling	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question 14 - Specific Services: Please indicate the percentage of your firm's gross Professional Fees derived from each of the following (Total must equal 100%). The purpose of completing this section is to give underwriters a clear understanding of the nature of the professional services that you perform

	%		%
Design With Construction Review	<input type="text"/>	Cost Engineering / Estimation (inc. estimating reserves)	<input type="text"/>
Design Without Construction Review	<input type="text"/>	Compliance Work	<input type="text"/>
Construction Review Without Design	<input type="text"/>	Planning Consultancy	<input type="text"/>
Project Management / Co-ordination	<input type="text"/>	Facilities Management	<input type="text"/>
Construction Management / Co-ordination	<input type="text"/>	Material / Equipment Procurement & Supply	<input type="text"/>
Feasibility Studies	<input type="text"/>	Manufacturing	<input type="text"/>
Forensic/Expert Witness	<input type="text"/>	Land (Boundary) Surveying	<input type="text"/>
Economic Appraisals	<input type="text"/>	Other Consultancy Services (Please detail below)	<input type="text"/>
Operational Performance Evaluations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Quantity Surveying	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question 15 - Description of Professional Services

- a) Please provide a brief narrative of the professional services you undertake highlighting any specialist areas, to allow underwriters to get further insight into the answers to Questions 13 and 14.

- b) Have you undergone any substantial changes in your professional services during the past two years or do you anticipate any significant changes in the next 12 months? If 'Yes' please give details Yes No

Question 16 - Subcontractors Service

- a) Does your firm subcontract professional services? Yes No

If 'Yes', indicate the percentage of gross professional fees subcontracted and the types of professional services subcontracted

- b) Are written contracts used for all subcontractors and sub-consultants? Yes No

- c) Do your firm's contracts with subcontractors and sub-consultants contain indemnification and hold harmless provisions? Yes No

- d) Does your firm obtain certificates of insurance from all subcontractors and sub-consultants? Yes No

- e) Is your firm named as an additional Insured under all subcontractor and sub-consultant General Liability policies? Yes No

Question 17 - Firm Clients

- a) Please indicate the percentage of your firm's gross professional fees attributable to the following types of clients (total must equal 100%).

	%		%
State, Council or Local Government or Public Entities	<input type="text"/>	Financial and Lending Institutions	<input type="text"/>
Major Oil Companies	<input type="text"/>	Other Design Professionals	<input type="text"/>
Turnkey Contractors	<input type="text"/>	Other (Please specify below)	<input type="text"/>
Design/Build contractors	<input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>
Other contractors	<input type="text"/>	<input style="width: 100%;" type="text"/>	<input type="text"/>

- b) What percentage of your business is from repeat clients?

- c) Does any contract or client represent more than 25% of annual work? Yes No

If 'Yes', please provide details

Question 18 - Financial and Related Interest

a) Is your firm or any subsidiary, parent or other organisation related to your firm engaged in:

- i) Actual construction, fabrication or erection? Yes No
- ii) Development, sale or lease of computer software to others Yes No
- iii) Manufacturing, sale, leasing or distribution of any product? Yes No

If any of the above answers are 'Yes', use a separate sheet to provide full details, including a description of the services performed, construction values involved and gross professional fees received.

b) Are any of the principals, partners, directors or employees of your Firm involved in any activities described in Q18 a) above? Yes No

If 'Yes' please provide details on a separate sheet

c) Is your Firm controlled, owned or associated with any other firm, corporation or company, or does your Firm own or control any other entity? Yes No

If 'Yes' please provide details on a separate sheet

d) Does your Firm render professional services on behalf of any entity in which any principal, partner, officer or director of your Firm, or an immediate family member of such person is a principal, partner, officer or director? Yes No

If 'Yes' please provide full details:

e) Does your Firm or any principal, partner, officer, director or shareholder of your Firm or an immediate family member of any such person have an ownership interest in any project where professional services are being, or have been, rendered by your firm? Yes No

f) Does your firm seek coverage for these projects? Yes No

g) Has the name of your Firm changed or has any other firm been merged or amalgamated with or into your firm, or is any such change pending? Yes No

If 'Yes' please provide details on a separate sheet

h) Does your Firm obtain insurance certificates of professional liability from joint venture partners? Yes No

If 'No' Please explain why below:

Question 19 - Risk Management and Loss Prevention

- a) Does your firm follow written, in-house quality control procedures? Yes No
- b) Does your Firm always obtain references before taking on staff? Yes No
- c) Does your Firm have an in-house programme for communicating "lessons learned" from completed projects to staff to ensure any past mistakes are not replicated? Yes No
- d) Does your Firm use written contracts on every project? Yes No
- If 'No' provide the percentage (%) of the projects where oral agreements were used
- e) Does your Firm always use a limitation of liability clause in contracts with clients? Yes No
- f) If non-standard contracts, modified standard contracts or "letter" agreements are used, are they reviewed by the Firm's legal counsel for liability implications prior to signing? Yes No
- g) Does your Firm have a pre-screening methodology for potential clients? Yes No
- h) Does your Firm always negotiate into its contracts a provision for alternative dispute resolution, such as mediation? Yes No

Question 20 - Loss History

- a) Has any claim been made or legal action been brought in the past ten years (or made earlier with the action still pending) against your Firm, its predecessors, or any past or current principal, partner, officer or director of your Firm? Yes No

If 'Yes' in either case, give full details or attach a separate note if preferred.

Date of claim/ loss	Claim Type: Employers, Public & Products or Professional Indemnity	Brief Details	Amount Paid	Reserves Outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

b) Is your Firm (after full and proper inquiry of every principal, director or employee) aware of any circumstances, incidents, situations or accidents during the past ten years which may result in a claim being made against your Firm, its predecessors in business, or any of the present or past principals, partners, officers or directors? Yes No

If 'Yes' please provide details on a separate sheet

c) Is your Firm aware of any deficiencies or alleged deficiencies in work where your Firm, predecessor or any other insured performed professional services, or any deficiencies or alleged deficiencies in work undertaken by others for whom your Firm is legally responsible during the last seven years? Yes No

If 'Yes' please provide details on a separate sheet

d) Has any disciplinary action been taken against the firm or any of the firm's employees? Yes No

If 'Yes', please explain

Question 21 - Current Insurance

a) Is the Firm currently insured for Professional Indemnity? Yes No

b) Is the Firm currently insured for Employer's Liability? Yes No

c) Is the Firm currently insured for Public Liability? Yes No

d) Is the Firm currently insured for Products Liability? Yes No

If 'Yes' please provide details as follows:

Policy Type (Employer's, Public & Products, Professional Indemnity)	Insurer	Limits	Deductible	Premium	Renewal Date

Confirmation

I confirm that the above statements and particulars are true, full enquiry having been made, and I have not omitted, suppressed or mis-stated any material facts and undertake to inform the Insurer of any change to any material fact. I understand that the information I provide will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application.

Duty of Fair Presentation

It is essential that every Proposer or Insured when seeking a quotation, taking out or renewing an insurance, makes a fair presentation of the risk which discloses every material circumstance which it knows or ought to know relating to the risk to be insured. A circumstance is material if it would influence the judgment of a prudent Insurer in determining whether to provide insurance for the risk and, if so, on what terms. Failure to do so could mean that the policy is void or that Insurers are not liable to pay all, or part of, certain claim(s). If you have any doubt as to what constitutes a fair presentation, seek professional advice.

A copy of this proposal form should be retained by you for your own records.

This form must be signed by a principal of the firm

Signed:

Date:

Print Name:

Position: