



Strong Roots in Underwriting

DESIGN AND CONSTRUCT PROFESSIONAL INDEMNITY PROPOSAL FORM

This application form must be completed, signed and dated by a Principal, Director or Partner. Please ensure that all questions are answered in full and that where further details are requested or there is insufficient space available in the application form, any relevant additional information is provided on a separate page.

Company name & trading style(s) including previous trading names. Please also include names of individuals or partners if non limited: (The Proposer)

Trading address including postcode:

Website address:	Date business established:

Full description of your business activities:

Directors, Partners and main principals:

Full Name	Qualifications	Year Qualified	No. of years in this capacity

Please confirm number of staff in the following categories:
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Directors, Partner & Principals		Other qualified staff		All other employees	
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Do you engage professional sub-contractors or specialist consultants?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes:		
What percentage of your turnover is paid to professional sub-contractors or specialist consultants?		%
Do you ensure that professional sub-contractors or specialist consultants hold Professional Indemnity Insurance to at least the same level as you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Details of your total annual turnover split as follows:

Turnover undertaken for clients:	Last Complete financial Year	Current financial year	Forthcoming financial year
in the UK, Channel Islands and Isle of Man			
elsewhere in Europe			
in the USA or Canada where the contracts are subject to local laws			
in the USA or Canada where the contracts are not subject to local laws			
elsewhere in the world			
Total			

Financial year end Date:	Largest income from any one client:
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Details of your income split by the following services:

Service Provided	Last Complete Financial Year	Forthcoming Year (Estimate)
Turnover where you design and construct from your own design* and provide full technical supervision	%	%
Fee income where you provide design* and technical services but have no involvement in the construction	%	%
Turnover where you construct from others design* (performed on your behalf) under your own supervision	%	%
Turnover where you construct from others design* (performed on your behalf) under the supervision of a third party	%	%
Turnover where you construct but have no responsibility for any aspect of the design* (i.e. you work to designs provided by your client or the main contractor)	%	%
All other turnover (please provide details on separate page)	%	%
Total	100%	100%



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Please provide a breakdown of your project types for the last complete financial year: (Estimate if no historical figures)

Basement creation or extension	%	Nuclear and atomic installations	%
Bridges, tunnels, dams &/or mines	%	Offices	%
Bulk handling or lifting equipment or mechanical plant	%	Public utility infrastructures	%
Care/residential homes	%	Residential houses Individual	%
Commercial 1-3 storeys	%	Residential Houses (Housing developments Involving multiple houses)	%
Commercial 4 -6 storeys	%	Residential apartments & flats 1-4 storeys	%
Docks, harbours, jetties, offshore installations, canals Watercourses or boatyards	%	Residential 4 -6 storeys	%
High rise – Over 6 storeys (including residential)	%	Retail	%
Hospitals and Surgeries	%	Roads and Highways	%
Hotel, Leisure and recreation facilities (Ex swimming Pools)	%	Schools, universities and other municipal buildings	%
Industrial and factories	%	Sports and concert stadia or arenas	%
Industrialised systems	%	Swimming pools	%
Modular buildings	%	Other (Please provide details)	%

Has your work ever involved or do you intend to undertake work involving:

Airports, ports or railways	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amusement parks, amusement rides or funfairs	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asbestos or materials containing asbestos	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Automotive, aeronautical or marine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Chemical, petrochemical or other refineries	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cladding or rainscreen systems	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clean rooms	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Damp proofing or water proofing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Golf courses	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Power plants, biomass, anaerobic digesters or any other renewable energies	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Soil and site engineering or geotechnical work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sports grounds used for professional sport	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stand-alone foundations, underpinning or piling	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Water and sewerage systems or flood defence schemes	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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If you have answered Yes to any of the above questions, please provide further details here:

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Please provide details of the 5 largest contracts by total overall contract value undertaken in the last 6 years (or anticipated if a new venture)

Date	Client	Description	Total Contract Value	Own contract value

If you currently purchase Professional Indemnity cover, please provide details as follows:

Existing Insurer		Premium	
Excess		Renewal Date	
Indemnity Limit		Retroactive date	

Please confirm the limit of indemnity required: £

Do you limit your liability in contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please confirm to what extent and limit:
Are all contracts including changes confirmed in writing with precise scope of services stated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are all your current projects on time, within budget, and without issues? If No, please provide details	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



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Please confirm that the following statements are true or if false please provide further details:

No claims for professional negligence, error or omissions, whether successful or not, have ever been made against the Proposer as stated above, any predecessor in business or against any director, partner or principal either directly or in respect of any business in which they were a director, partner or principal of.	True <input type="checkbox"/>	False <input type="checkbox"/>
After enquiry, the Proposer is not aware of any circumstance which may have occurred, and which might give rise to a claim.	True <input type="checkbox"/>	False <input type="checkbox"/>
The Proposer or any directors, partners or principals have not had any insurers decline to offer renewal terms, had their policy cancelled or voided or had any special terms imposed in relation to insurance cover to which this proposal relates.	True <input type="checkbox"/>	False <input type="checkbox"/>
The Proposer or any directors, partners or principals have not been the subject of investigations or disciplinary proceedings by any regulatory body or the Health and Safety Executive.	True <input type="checkbox"/>	False <input type="checkbox"/>
The Proposer or any directors, partners or principals have never been declared bankrupt, disqualified from being a company director, had a controlling interest in a company that has gone into liquidation, receivership, had a Debt Relief Order, administration/CVA or had a CCJ (or decree in Scotland) against them.	True <input type="checkbox"/>	False <input type="checkbox"/>
The Proposer or any directors, partners or principals have never been convicted of any offence, other than a motoring offence which carries a fixed penalty, apart from an offence that is now considered 'spent' under the Rehabilitation of offenders Act 1974?	True <input type="checkbox"/>	False <input type="checkbox"/>
The Proposer or any directors, partners or principals have not and do not intend to provide business activities as described above for any partnership, company or organisation in which they have a controlling interest in such entity.	True <input type="checkbox"/>	False <input type="checkbox"/>
The business activities covered under this insurance do not involve any of the countries subject to sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the EU, UK and USA?	True <input type="checkbox"/>	False <input type="checkbox"/>

Material Information

You must search and provide us with all material information and disclose it without misrepresentation (As set out in the Insurance Act 2015). Material information includes anything which may reasonably influence our decision to offer insurance or the terms of any policy, including the premium. Material information encompasses facts, circumstances, allegations, events and any special or unusual circumstances pertaining to you or your business, any specific concerns that prompted you to seek or increase insurance coverage, and any other factors relevant to the risk assumed by us. All information requested by us, regardless of whether it is solicited through this proposal form or other means, should be considered material. Please verify the accuracy of the information provided and inform your insurance advisor of any necessary amendments promptly.

Your Information

Your information has been, or will be, collected or received by us and we will manage personal data in accordance with data protection law and data protection principles. We require personal data in order, to provide good- quality insurance and ancillary services and will collect the personal data required to do this. This may be personal information such as name, address, contact details, identification details, financial information and risk details.

It is our policy only to process that personal information which is essential to the underwriting of each insurance product requested and we will only, process, your data for the purposes of insurance administration always in a lawful manner. In addition, your information will also be used for the purposes of insurance administration by insurers and their associated companies and agents by their reinsurers and by the Insured's insurance intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing Insurers compliance with any regulatory rules or codes. Your information may also be used for offering renewal research and statistical purposes and crime prevention. It may be transferred to any country (including countries outside the European Economic Area) for any of these purposes and for systems administration. Where this happens, we will ensure that anyone to whom your information is passed agrees to treat your information with the same level of protection as if we were dealing with it. If we give information about another person, in doing so you confirm that they have given you permission to provide it to us and for us to be able to process their personal data (including any sensitive personal data) and also that you have told them who we are and what we will use their data for as set out in the notice. In the case of personal data, with limited exceptions (and on payment of any appropriate fee) the data subject has the right to access and, if necessary, rectify information held about them. We or they may have the right to object to or restrict the processing of your or their personal information however, if you or they do this, we may be unable to continue to provide services to you and this may mean that we are unable to process your enquiry or claim or that your insurance cover will stop. Additionally, you or they may require us to erase such data from their records. In all instances such request should be sent to Elmlake MGA Limited, using the contact details below.



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In assessing any claims made, we or our agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers, either directly or via those acting for the insurer (such as loss adjusters or investigators).

Contact Details

Elmlake MGA Limited trading as Elmlake Underwriting, Office 2, The Reach 687-693 London Road, Westcliff-On-Sea, Essex SS0 9PA

Office Tel: 01379 771043 Email: info@elmlake.co.uk

Credit searches and use of third-party information

To ensure we have the necessary facts to assess your insurance risk and verify your identity or to help prevent fraud and provide you with our best premium and payment options, it may be necessary for us to obtain information relating to the you and your business from third parties at quotation and renewal and in certain circumstances where policy amendments are requested. This information may include a quotation search from a credit referencing agency, which will appear on your credit report and will be visible to other credit providers. It will be clear that this is an insurance quotation rather than a credit application by you to pay by monthly instalments.

Declaration

I/we declare that I/we have made a full and fair presentation of risk to insurers by disclosing all material information which I/we know or ought to know. Further, I/we have provided sufficient information that would put a prudent insurer on notice that it needs to make further enquiries to reveal material information.

Signed:		Date:	
Name:		Position:	