

#### **INTRODUCTORY STATEMENT:**

You must answer all questions accurately and completely. You must provide us with all further information we request and any other information of which we should be made aware.

### **Details of Firm/Insured**

1.	What is the renewal or expected start date of the	his policy?	
2.	Policy holder name		
3.	Additional trading name(s)		
Co	ontact Details		
4.	Correspondence Address		
5.	Is the Correspondence Address also a trading a	address?	
			Yes / No
6.	Additional Trading Addresses:		Yes / No



3.	Do yo	u operate as any of the following:				Yes / No
	•	Investment Financial Advisor		Pension Fund Trustee		
	•	Solicitor/Barrister	•	Marine Surveyor/Naval Archi	tect	
		Mortgage Broker	•	Underwriting Agency		
	•	Stock/Commodity Broker	•	Financial Institution		
	D	Tour Operator	•	Corporate Service Provider/ I Trusteeships/ Provision of Di		
	If a	answered 'Yes' to Question 8, please p	rovide addi	tional information in respect o	f the above	
Э.	Do all Directors/Partners/Principles have a minimum of 3 years' experience?  If answered 'No' to Question 9, please provide additional information in respect of the above			Yes / No		
	Fees	s/Turnover				
10.	Estima	ated Fees/Turnover for the next financi	al year		£	
11.	Fees/T	urnover for last completed financial ye	ear		£	
	Please	select 0 if this is your first year of trad	ing			



### **Policy Details**

23. Is your firm domiciled in the UK?

13.	Required Limit of Indemnity	, please circle:				
	250,000	500,000	750,000	1,000,000	1,200,000	
	1,500,000	2,000,000	3,000,000	4,000,000	5,000,000	
14.	Do you have a current PI po	olicy in place?				Yes / No
	If you selected 'Yes' For que	stion 14. Please answe	r questions 15 - 20.			1657116
15.	Current Insurer					
16.	Current Premium			£		
17.	Retroactive Date					
18.	Is the company in run off?					Yes / No
19.	If answered 'Yes' to Questio	n 18, please provide th	ne Cessation Date			
20.	Has cover been continuous	since the retroactive d	ate stated above?			Yes / No
Te	erritorial Split					
21.	Turnover Split:					
		UK Fees				%
		European Union	fees (Excl UK Fees)			%
		USA/Canada fee	S			%
		Rest of world fee	es			%
22.	Has the company previously	/ undertaken any proje	cts outside the UK?			Yes / No

Yes / No



### Engineers

24.	Please List All Professional Memberships and / or Qualifications				
25.	Largest Contract value for any one project	£			
26.	In respect of your contracts can you confirm they have been completed or are timescale and there are no significant issues unresolved?	Yes / No			
27.	Are all clients required to sign a contract or statement of terms and conditions prior to work commencing?				
28.	Does the business undertake any work in the following areas: Nuclear, chemical, mining, offshore, tunnelling, bridges, railways, swimming pools or golf courses, bulk handling plant, amusement rides, Environmental Consultancy?				
	If answered 'Yes' to Question 28, please provide further details.				
29.	Does the business work in any of the following areas:- Specific foundation, underpinning or piling contracts, setting out, soil or site engineering, basements on existing buildings?				
	If answered 'Yes' to Question 29, please provide further details.				
 30.	Does the business undertake any work in the following areas:- Power stations/process				
	engineering/roads/highways/oil refineries/gas/petrochemical/docks/harbours/piers/jetties/ water schemes/sewerage/cladding/curtain walling/piling/playgrounds/airports/high rise buildings (over 5 storeys)?				
	If answered 'Yes' to Question 30, please provide further details.				



	Yes / No
Specific Activities: Split of gross annual fees for the last completed financial year (%)	
Civil Engineering	
Structural Engineering	C
Heating/Ventilation Engineering	
Setting Out	
Electrical Engineering	
Mechanical Engineering	
Project Co-ordination	
Project Management	
Architectural	
Fees paid away to independent specialist consultants	
Aborted Work	
Other	
3. Income: Split of fee income broken down by the following project types for the la	
Housing	
Housing Office Facilities	
Housing Office Facilities Retail Facilities	
Housing Office Facilities Retail Facilities Industrial Facilities	
Housing Office Facilities Retail Facilities	
Housing Office Facilities Retail Facilities Industrial Facilities	
Housing Office Facilities Retail Facilities Industrial Facilities Educational Facilities	st completed financial year (%)

If answered 'Other' to Question 33, please provide further details.



### Claims

In respect of the insurance given under this policy, have any claims and/or circumstances been notified by the Firm and accepted to any Insurer during the last 10 years?	Yes / No
If answered 'Yes' to Question 34, please provide further claims details including: Date of Notification, Claim Status, Claim Details	Amount, Claim
Are any of the Principals AFTER ENQUIRY aware of any circumstances and/or events that are likely to give rise	Yes / No
to a claim against the Firm or its predecessor firms that have not been previously notified to Insurers?	res / NO
If answered 'Yes' to Question 35, please provide further claims details	
Has any Insurer ever declined to insure, or imposed any special terms on any Firm or Principal of any Firm that forms part of this application?	Yes / No
If answered 'Yes' to Question 36, please provide further claims details	
	Firm and accepted to any Insurer during the last 10 years?  If answered 'Yes' to Question 34, please provide further claims details including: Date of Notification, Claim Status, Claim Details  Are any of the Principals AFTER ENQUIRY aware of any circumstances and/or events that are likely to give rise to a claim against the Firm or its predecessor firms that have not been previously notified to Insurers?  If answered 'Yes' to Question 35, please provide further claims details  Has any Insurer ever declined to insure, or imposed any special terms on any Firm or Principal of any Firm that forms part of this application?



#### **Statement of Fact**

Signature

involved ever :-	tney nave been
• been declared bankrupt or are the subject of any current bankruptcy proceeding or any voluntary or mandatory insolvency or winding up procedures?	Yes / No
• been disqualified from being a Company Director?	Yes / No
had a County Court Judgement or Sheriff Court Decree?	Yes / No
• ever been convicted of or charged with (but not yet tried) a criminal offence other than a motoring offence or a spent conviction in accordance with the "Rehabilitation of Offenders Act 1974"?	Yes / No
<ul> <li>been prosecuted or have prosecutions pending under the Health and Safety at Work Act or any other statute or regulation?</li> </ul>	Yes / No
If answered 'Yes' to Question 32, please provide further claims details	
Additional Notes	
Confirmation	
l confirm that I have answered the questions above accurately and completely to the best of my knowledge, info belief.	ormation and
I understand that if I do not tell you about changes or have provided incorrect information, the wrong terms and have been quoted and you may be entitled to:	d conditions may
• reject payment of a claim or a payment could be reduced, or	
<ul> <li>revise the premium and/or change any excess, or</li> <li>revise the extent of cover or terms of this insurance.</li> </ul>	
In some circumstances your policy might be invalid, and you may not be entitled to a refund of premium	

Print Name

Date