



ARCHITECTS & ENGINEERS INSURANCE APPLICATION

HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

SECTION 1: COMPANY DETAILS

1. Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Applicant company: _____

Contact Name: _____

Mailing Address Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

2. Please state when your company was established (month/day/year): _____

3. How many directors/officers/partners are there in the company? Please state the details of all partners/directors.

Name	Years in Position	Years Experience	Qualification

4. Please state the number of employees: Full-time: _____ Part-time: _____

5. Please state your fees received in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic Revenue			
Other Territory Revenue			
Total Revenue			
Profit (Loss)			

Date of Company financial year end: _____



SECTION 2: ACTIVITIES

1. Please briefly describe below the nature of your business activities. If you have a brochure, or company literature, please attach to this form. _____

2. Please provide a full breakdown of your total revenue by activity. The total of all activities listed here should equal 100%:

Name	%	Name	%
Architectural:		Nuclear Engineering:	
Town Planning:		Hydraulic Fire Engineering:	
Structural Engineering:		Plumbing Engineering:	
Mechanical Engineering:		Environmental Engineering:	
Drafting Engineering:		Marine Engineering:	
Geotechnical Soil Engineering:		Feasibility Studies:	
Electrical Engineering:		Expert Witness:	
Civil Engineering:		Design and Construct:	
Foundation		Project Construction Manager:	
Underpinning Engineering:		Land Surveying:	
Corrosion Engineering:		Quantity Surveying:	
Acoustic Engineering:		Marine Surveying:	
HVAC Engineering:		Building Surveying:	
Aeronautical Engineering:		Interior Design:	
Chemical Engineering:		Other (please provide details below)	
Geologist:			

Description of "other" work: _____

3. Please advise the percentage of your revenue received in the following areas of work (total should equal 100%):

Name	%	Name	%
Domestic Buildings:		Marine Structures: Water	
Commercial Buildings: Industrial		Sewerage Systems: Bulk	



Buildings: Public		Handling Structures:	
Buildings: Mines		Amusement Structures	
Bridges		Airports	
Tunnels		Petrochemical Refineries	
Railways		Dams	
Other (please provide details below)		Roads: Highways	

Description of "other" work: _____

4. Do you belong to any association related to these activities? Yes No

If yes, please list these associations: _____

5. Do you engage in actual construction, installation, or erection? Yes No

6. Do you engage in any actual manufacture, fabrication, or assembly? Yes No

7. Do you assume responsibility for any of the activities mentioned in questions 5-6 above? Yes No

8. If you have answered yes to questions 5-7 above, then please provide full details of operations: _____

9. In the event that your product or service failed or delivery was delayed, please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property, or financial loss (consequential or otherwise) for your clients: _____

10. If you require a quote for General Liability, please state the following:

a. Your total estimated payroll for the next financial year: _____

b. Your payroll relating to non-manual work away from your premises (such as consulting, programming or similar): _____

Please detail the nature of this work: _____

c. Your payroll relating to manual work away from your premises. _____

Please detail the nature of this work: _____

d. Your payroll relating to hazardous work away from your premises: _____

Please detail the nature of this work: _____



SECTION 3: CONTRACT INFORMATION

1. Please give details of the 5 largest contracts you have carried out in the past 3 years:

Name of Client	Business of Client	Nature of your work undertaken for this contract	Total contract values	Start Date	Completion Date

2. Approximately how many customers do you have? _____

3. Do you carry out work only under a written contract signed by every client? Yes No

If yes, please supply a copy of your standard form of contract, or typical examples of contracts used. If no, please explain in what circumstances, and why: _____

4. Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract? Yes No

If yes, please explain what percentage of your contracts this is applicable to and what these are capped at: _____

5. What approximate percentage of your revenue, in your current financial year, will be paid to sub-contractors? _____

6. Do you ensure that sub-contractors have their own General Liability and Errors and Omissions insurance? Yes No

7. Do any of your contracts contain a service credit or liquidated damages regime? Yes No

If yes, please attach a sample.

8. Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature? Yes No

SECTION 4: COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE

Only complete this section if you require this coverage.

1. Please state the address of the premises to be insured (if different from the address given in Section 1.):

a. PREMISES 1:
Street Address: _____
City, State, Zip: _____

b. PREMISES 2:
Street Address: _____
City, State, Zip: _____

Please continue on a separate sheet if more than 2 premises are to be insured.



2. Please detail below any other party (such as a bank or building society) whose financial interest in the premises should be noted on the policy:

Name of Party	Interest of Party	Address	City	State	Zip Code

3. Are all of the premises:

- a. Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material? Yes No
- b. Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes? Yes No
- c. In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters? Yes No
- d. In a good state of repair and occupied solely as offices? Yes No
- e. Self-contained with a lockable entrance door? Yes No
- f. Protected by an intruder alarm that is subject to an annual maintenance contract? Yes No

NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.

- g. Heated by a conventional electric, gas, oil or solid fuel heating system? Yes No
- h. Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied? Yes No
- i. Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements? Yes No
- j. Fitted with sprinklers either fully or partially? Yes No

NOTE: Assuming you have answered yes to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.

If you have answered no to any of the above questions then please give further details. _____

4. Please detail the amounts to be insured below for each premises:

NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.

Item	Amount Insured Premises 1	Amount Insured Premises 2
Main Building		



Landlord's fixtures & fittings and tenant improvements		
Personal computers, printers and ancillary computer equipment at the office		
All other contents at the office		
Portable computers and associated equipment at home/away from the office		
All other contents at home/away from the office		

5. Please state, in respect of portable computers and associated equipment at home/away from the office, the maximum value of any one item (not the total value of all items): _____

6. Please detail the amounts to be insured below for business interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our business interruption cover on a "Flexible First Loss" basis – please specify a total amount insured for business interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, extra expense, loss of research and development expenditure, project delay costs or accounts receivable. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

Item	Amount Insured	Indemnity Period
Business interruption cover (Flexible First Loss)		Months

SECTION 5: CLAIMS EXPERIENCE & INSURANCE HISTORY

1. Please provide details of your current Errors and Omissions insurance, if applicable, and what you require for the next year of insurance:

	Retro Date	Effective Date	Limit	Deductible	Premium	Insurer
Current						
Required						

2. Please provide details of your current Commercial General Liability insurance, if applicable, and what you require for the next year of insurance:

	Retro Date	Effective Date	Limit	Deductible	Premium	Insurer
Current						
Required						

