

OBF

INSURANCE GROUP



ARCHITECTS

PROFESSIONAL INDEMNITY
PROPOSAL FORM

Coverholder at

LLOYD'S

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OBF Insurance Group Ltd. is regulated by the Central Bank of Ireland. Registered in Ireland No. 39988. Brokers Ireland Member.

IMPORTANT NOTICE

- This is a proposal for a contract of insurance, in which 'proposer' or 'you/your' means the individual, company, partnership, limited liability partnership, organisation or association proposing cover.
- This is a proposal form for a policy relating to claims made against the Insured during the period of the policy only – CLAIMS MADE.
- Please answer all the questions giving full and complete answers. Please use a separate sheet of paper if there is insufficient space. If necessary please write additional relevant facts on a separate sheet of paper.
- The proposal form must be fully completed, signed and dated by a person who is of legal capacity and has the authorisation to request this insurance for the Proposer.
- This form does not bind the Proposer but will form part of the Insurance contract if taken up.
- All material facts must be disclosed, as failure to do so may render any policy or certificate voidable, or severely prejudice your rights in the event of any claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters. If you are in doubt as to what constitutes a material fact, you should consult your broker..

Please supply the following additional information:

- Company Brochure
- CVs of Principals
- Copy of Standard Contract Terms and Conditions (if applicable)

DETAILS OF THE PROPOSER

1. Name(s) of the Firm(s):

2. Address(es):

3. Website:

4. Email address:

5. Phone No:

6. Establishment Date of Firm:

7. Please give total number of:

Principals/Partners/Directors:

Other Technical Staff:

Qualified Staff:

Administrative/Other:

8. Details of all Directors/Partners/Principals:

Name	Qualifications	Date Qualified	How long a Director, Partner, Principal of this firm/company

9. a) Has the name of the Firm ever been changed?

Yes

No

b) Has any other practice or business amalgamated or merged with you?

Yes

No

c) Have you purchased any other practice or business?

Yes

No

If Yes to a,b, or c above, please provide full details:

10. Is cover required for any Partner's Liability prior to joining the firm?

Yes

No

If Yes, please provide Name of Partner, Name of Previous Firm and Date at which the Partner joined the above firm:

11. If the Proposer is a sole practitioner, what procedures are in place for periods of absence from the office or illness? Please provide full details:

12. Please list the professional, regulatory bodies, trade associations or societies to which you belong:

13. a) Is any Partner/Director or Employee allowed to sign cheques on his/her signature alone? Yes No

If Yes, up to what amount?

b) How often are the entries on the Cash Book reconciled against the Bank Statements by a senior person, other than the head bookkeeper?

c) Has the proposer ever sustained any loss through fraud or dishonesty of any employee?
If Yes, please provide full details:

DETAILS OF ACTIVITIES/INCOME/FEES

1. a) Please provide the details of your gross fees:

	Past Financial Year / /	Current Financial Year / /	Estimate for Next Financial Year / /
Gross Fee			
Maximum Fee			
Average Fee			

b) Financial Year End:

2. a) Please provide a percentage split of your income by geographical area:

	% of Gross Fees
Domestic Contracts (Ireland)	
UK Contracts	
EU Contracts	
USA/Canada (Subject to non USA/Canada Law)	
USA/Canada (Subject to USA/Canada Law)	
Rest of the World Contracts	

b) If overseas work is carried out, please list the countries in which services are performed:

3. Please list the Proposer's six largest contracts in the last five years:

Client	Territory	Description of Professional Services	Total Contract Value	Your Fees	Start Date	End Date

4. Please confirm the percentage split of your income by geographical area in Ireland:

Area	%

5. If other non domestic income earned, please specify area(s)/country(ies) and corresponding percentage:

Area	%

6. Are the Proposer's current Six largest projects progressing to timescale and budget, with no significant unresolved issues?

Yes No

If No, please provide full details:

7. What percentage of your gross fees was derived in the previous financial year from your largest client?

8. Has the proposer undertaken any Rail related contracts in the last 6 years?

Yes No

If Yes, please provide full details:

9. a) Does the proposer undertake any BCAR Role?

Yes No

b) Does the Proposer engage sub-contractors to do so?

Yes No

c) Is the contract in place in writing?

Yes No

If Yes to a), b) and c) above, please provide full details:

10. Please give details of the three largest contracts to be undertaken in the forthcoming year:

Client	Territory	Description of Professional Services	Total Contract Value	Your Fees	Start Date	End Date

11. In respect of all professional services provided, does the Proposer always act under terms of engagement which have either been issued by their professional body or reviewed and approved by a solicitor acting independently of their client?

Yes No

12. Does the Proposer enter into any contracts that are signed under seal, or where applicable limitation period is increased beyond that prescribed by statute?

Yes No

13. a) Please provide a split of activities in the previous financial year:

Activity	Ireland - %	UK - %	EU - %	USA/ Canada - %	Rest of the World - %
Architectural work stages C to L – New Build					
Architectural work stages C to L – Non Structural Refurbishment					
Architectural Consultancy					
Interior Design – Structural					
Interior Design – Non Structural					
CDM/Planning Supervision					
Town Planning					
Feasibility Studies					
Quantity Surveying					
Land Surveying					
Residential Building Surveying					
Commercial Building Surveying					
Other Surveys – Please provide full details on a separate sheet					
Residential Valuation					
Commercial Valuation					
Property/Estate Management					
Landscape design (not golf courses)					
Project Co-Ordination					
Project Management					
Fees paid to Consultants, Sub-Contractors or Agents					
Other Work – Please provide full details on a separate sheet					
TOTAL (100%)					

b) Have your activities changed in the past 5 years or do you anticipate any major changes in the next twelve months? If so, please provide full details:

14. Please specify (where applicable) the percentage of gross fees in the previous year that the following types of work represent:

	%
Residential – low rise	
Residential – high rise	
Commercial – low rise	
Commercial – high rise	
Public Sector Housing (including Housing Associations)	
Private Sector Housing Scheme	
Public Sector Hospitals	
Private Sector Hospitals	
Other Healthcare	
Public Sector Schools/Universities	
Private Sector Schools/Universities	
Churches/Cathedrals	
Industrial	
Retail	
Commercial Schemes	
Bridges/Tunnels/Dams/Mines/Harbours/Jetties	
Highways/Roads/Groundwork	
Water/Sewerage	
Hotels/Leisure Centres/Sports Stadia	
Transport/Petrochemical/Nuclear/Atomic activities	
Other – Please provide details on a separate sheet	
TOTAL	100%

15. a) During the last five financial years, approximately what percentage of fee income derived from aborted work where nothing 'physical' resulted? %

b) During the last five financial years, approximately what percentage of fee income derived from work where there was no responsibility to inspect? %

c) Please confirm the total building values certified in the past year €

d) If the Proposer undertakes any High Rise projects please provide details including number of storeys:

16. a) What percentage of the Company's income is paid to sub-contractors appointed by the Proposer? %

b) Please give full details of the work undertaken by sub-contractors:

c) Does the Proposer accept contractual responsibility for sub-contractors (rather than simply appointing them) Yes No

d) Does the proposer ensure that such sub-contractors have entered into a binding contract accepting full responsibility for their own professional neglect, error or omission and does the proposer ensure the sub-contractors carry and maintain in force Professional Indemnity insurance? Yes No

e) Does the proposer check that the sub-contractor has adequate resources? Yes No

17. a) Have any major changes in the Company's activities /structure taken place in the last twelve months? Yes No
If Yes, please give full details:

b) Are there any major changes in the Company's activities/structure/fee growth expected in the next twelve months? Yes No
If Yes, please give full details:

c) Is cover required for any previous activity, now ceased, which is different from that declared within the proposal form? Yes No
If Yes, please give full details:

18. a) Do the Principals, Partners, Directors of the Proposer have any association with or financial interest in any other practice, company or organisation? Yes No
If Yes, please give full details:

b) What percentage of income is derived from Associated Companies as detailed above? %

c) Is, or has, the Proposer(s) been a member of a consortium, group practice, joint venture, strategic alliance or involved in any single project partnership? Yes No

d) Does the Proposer intend to enter in to any joint venture within the next twelve months? Yes No

If Yes to c) or d), please give full details:

NB. Please note that special arrangements must be made with insurers if indemnity is to be granted

e) Does the Proposer check the competence, financial standing and insurance status of joint venture partners? Yes No

f) Has the Company or Principal or Director been a Partner, Principal or Director or been associated with any business which has ceased trading either voluntarily or compulsorily? Yes No

If Yes, please give full details:

g) Has any Principal or Director been made personally bankrupt? Yes No

If Yes, please give full details:

19. a) Does the Proposer keep current, accurate and proper records of their financial status in compliance with relevant legislation? Yes No

If No, please give full details:

b) Are satisfactory written references always obtained when engaging employees? Yes No

c) Are procedures kept in place to ensure that the Proposer is able to provide adequate and properly qualified resources to fulfill all contractual and/or legal obligations? Yes No

d) Are all non-qualified and newly qualified staff kept under adequate supervision by a principal, director, partner or senior professionally qualified employee? Yes No

e) Is there a clearly defined control mechanism in place to minimise the risk of loss of or damage to Documents held by or on behalf of the Proposer? Yes No

f) Is there a clearly defined and documented checking or audit procedure in place to ensure that any procedures or mechanisms referred to in a-e are complied with at all times? Yes No

PREVIOUS/CURRENT INSURANCE

1. Does the Proposer currently have a Professional Indemnity Insurance policy in force? Yes No

If Yes:

a) Insurer

b) Expiry Date

c) Limit of Indemnity

d) Excess

e) Premium

f) Expiry Retroactive Date
(if applicable)

2. Has any previous policy for Professional Indemnity insurance been cancelled or refused or had any special terms imposed by any insurer? Yes No

If Yes, please provide full details:

Please specify if other:

3. Please indicate the Limit of Indemnity required:

€500,000 €1,000,000 €1,500,000 €2,000,000 €2,500,000

€3,000,000 €5,000,000

Please specify if other:

4. What Excess is the Proposer prepared to carry uninsured?

€1,000, €2,500, €5,000, €10,000 or 'Other'

CLAIMS/CIRCUMSTANCES INFORMATION

1. Have any claims alleging negligent act, error or omission (successful or otherwise) been made against you, your predecessors in business, or present or past partners, principals or directors? Yes No

If Yes, have such matters been notified to current or previous Underwriters

Yes No

Please provide full details:

2. Are you or any partners, directors or principals, after having made full enquires, including of all staff, aware of any of the following matters

a) Any circumstances which may give rise to a claim against you, your predecessors in business or any past or present partner, director principal or employees? Yes No

b) The receipt of any complaints, whether oral or in writing, regarding services performed or advice given by you?

Yes

No

If Yes, please provide full details:

3. Is any person within the Company facing or have they ever faced criminal investigations or disciplinary proceedings by any Institute or other relevant body?

Yes

No

If Yes, please provide full details::

4. Are there any other Material facts which ought to be disclosed?

Yes

No

If Yes, please provide full details on a separate sheet.

DATA PROTECTION

OBF Insurance Group Ltd. recognise that protecting personal information including sensitive personal information is very important and we recognise that you have an interest in how we collect, use and share such information. Our Data Protection Policy is in line with the requirements under the General Data Protection Regulations (GDPR) which are effective from 25 May 2018.

Please read the following carefully as it contains important information relating to the information that you give us or has been provided to us on your behalf. If you provide information relating to anyone other than yourself, you are responsible for obtaining their consent to the use of their data in the manner outlined below.

Full details of how we collect, use, store and protect your data can be found in our Data Privacy Notice, a copy of which is available on request or via our website, www.obf.ie.

What does OBF Insurance Group Ltd. do with your personal data?

Information you provide will be used by OBF Insurance Group Ltd. for the purposes of processing your application and administering your insurance policy. OBF Insurance Group Ltd. may need to collect sensitive personal data relating to you (such as medical or health records) in order to process your application and/or any claim made.

All information supplied by you will be treated in confidence by OBF Insurance Group Ltd. and will not be disclosed to any third parties except (a) to our agents, sub-contractors and reinsurers (b) to third parties involved in the assessment, administration or investigation of a claim (c) where your consent has been received or (d) to meet our legal or regulatory obligations. In order to provide you with products and services this information will be held in the data systems of OBF Insurance Group Ltd. or our agents or subcontractors. The data is held on servers with multiple layers of security. Please note that some servers which may hold your data are located outside the EU.

We will hold data collected from you for the duration of our business relationship with you and for six years after that. This is a requirement under the Central Bank's Consumer Protection Code 2012. Your data may be used for the purposes of automated decision making but will not be used for profiling purposes.

OBF Insurance Group Ltd. may pass your information to other companies for processing on its behalf. OBF Insurance Group Ltd. will ensure that its transfer of data is lawful and that your information is kept securely and only used for the purpose for which it was provided.

Calls to and from OBF Insurance Group Ltd. are recorded for quality assurance or verification purposes.

Your Rights under our Data Protection Policy

You have the right to :

- Access the data we hold about you
- Have the data we hold about you transferred to another person or organisation
- Have inaccurate data about you corrected
- Have information about you erased (this could affect our ability to process your business)
- Object to direct marketing from us
- Restrict the processing of your data (this could affect our ability to process your business)
- Make a complaint to us about the implementation of our data protection policy and procedures.

To access the data we hold about you, you will need to complete and submit a Data Access Request Form, available on request or via our website.

Data Breaches

In the event of a data breach which results in your personal data being compromised, we will advise the Data Protection Commissioner within 72 hours at most, unless the data was encrypted or anonymised. Were there is a high risk to your rights, as set out in the GDPR, we will also advise you of the details of the breach and the steps we have taken to rectify it and prevent its recurrence.

Fraud Prevention, Detection and Claims History

In order to prevent and detect fraud and the non-disclosure of relevant information OBF Insurance Group Ltd. may at any time:

- Share information about you with companies or organisations outside OBF Insurance Group Ltd. including where applicable private investigators and public bodies including An Garda Siochana;
- Check and/or file your details with fraud prevention agencies and databases such as InsuranceLink, and if you give us false or inaccurate information and we suspect fraud, we will record this. For more information on the functioning of InsuranceLink, please visit insurancelink.ie.

OBF Insurance Group Ltd. may also search these agencies and databases to :

- Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your account or insurance policies;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

DECLARATION

The undersigned authorised Person declares that the statement and particulars in this Proposal form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agrees that should any of the information alter between the date of this Proposal and inception date of the insurance to which this proposal relates, they will give immediate notice thereof. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

Signature:

Name:

Position:

Date: