



DESIGN & CONSTRUCT

PROPOSAL FORM

Coverholder at



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Please Note:

- 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.
- OBF Insurance Group Ltd. draws your attention to the importance of answering all questions honestly
 and with reasonable care. The answers you give us must be true and complete. This is for your
 protection because, if you do not give us full and complete information, a claim under your policy
 could be declined or your cover cancelled. You should also advise us of any material changes in your
 circumstances which might alter the subject matter of the policy or the nature of the risk being
 insured. If you do not advise us of such changes, cover under the policy may be lost.
- 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.

Please supply the following additional information:

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

DETAILS OF THE PROPOSER

1. Name(s) of the Fir	m(s):				
2. Address(es):					
3. Website:					
4. Email address:					
5. Phone No:			6. Establishment Date	of Firm(s):	
		·	financial interest in any o	other Firm(s)? Yes	No No
If Yes, please provi	ide full det	ails:			
8. Details of all Direct	tors/Partne	ers/Principals:			
Name		Qua	alifications	Date Qualified	Date Commenced
9. Please state total	number of:	: Principals/Pa	artners/Directors:	Other Te	chnical Staff:
			Qualified Staff:	 ☐ Administi	rative/Other:
10. a) Has the name	of the Firm	n(s) ever been chang	ged?	Yes	No No
b) Has any other practice or business amalgamated or merged with you? Yes No			No No		
c) Have you purch	nased any o	ther practice or bus	siness?	Yes	No No
If Yes to any of the	above, ple	ease provide full det	tails:		

Please provide a split of the professional work undertaken with ast and current year:	nin your Design & Consulting	Department in	
Categories	Last Year	Current Year	
Architectural	%		
Civil Engineering	%		
Structural Engineering	%		
Mechanical Engineering	%		
Electrical Engineering	%		
Heating & Ventilating Engineering	%		
Chemical Engineering	%		
Soil Engineering	%		
Nuclear Engineering	%		
Entertainment/Leisure Industry	%		
Surveying – 1) Land	%		
2) Quantity	%		
3) Building	%		
Others	%		
Fees paid to Consultants, Sub-Contractors or Agents	%		
Other Work – Please give full details:	%		
	Total 100%	Total 100%	

14. a) Please indicate the percentage of gross fees in the last year that the following types of work represent:

	Design Only	Design & Construct
HOME BUIDING		
Individual Dwellings	%	%
Low Rise Multiple Dwellings	%	%
High Rise Multiple Dwellings	%	%
Modular Dwellings (ie involving repetitive design)	%	%
ENGINEERING CONSTRUCTION		
Highways	%	%
Bridges, Tunnels and Dams	%	%
Railways, Airports, Harbours and Jetties	%	%
Sewerage/Water Schemes		
INDUSTRIAL		
Power Plants	%	%
Refineries and Petrochemical Installations	%	%
Manufacturing Plants	%	%
Industrialised Systems Buildings	%	%
AMENITIES		
Hospitals and Nursing Homes	%	%
Schools and Universities	%	%
Hotels and Recreation Centres	%	%
Other Specialist Construction	%	%
	TOTAL: 100%	TOTAL: 100%
b) Do you engage in the manufacture or fabrication of any pre-engi If Yes, please provide full details:	neered unit? Yes	No No
c) Please provide details of the type of work normally carried out:		
d) Has the Firm ever failed to complete a project?	Yes	No No

15.	Please	give	details	of	Turnove	91
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		Current Fir	nancial Year	Estimate fo	or next Financial Year
		Home	Overseas	* Home	Overseas*
	Firm(s) designs and constructs from and provide full technical supervision				
	Firm(s) provides design and technical construction is involved by the Firm(s)				
	Firm(s) constructs from other's on behalf of the Firm(s)				
	Firm(s) constructs from other's design al supervision performed on behalf of				
e) Other turnover n details	not mentioned above. Please give brief				
Total turnover for	whole group				
or work subject 5. a) Please provide	percentage split of income emar t to USA/Canadian law: e details of the 5 largest contract been carried out by the Firm(s)	s undertaken in	the last 5 y		_
Date Started	Name and Type of Project	Services Perfo	ormed To	tal Contract Value	Estimated Date of Completion
•	e details of the largest 3 contract ths where you have responsibilit		. ,	•	to commence in
the next 12 mon	this where you have responsibility	ty for design or	other profe	ssional services:	
the next 12 mon Date Started	Name and Type of Project	Services Perfo		tal Contract Value	Estimated Date of Completion
Date Started	Name and Type of Project (s) use a standard form of contra	Services Perfo	ormed To		
Date Started a) Does the Firm	Name and Type of Project (s) use a standard form of contra	Services Perfo	ormed To	tal Contract Value	of Completion
Date Started a) Does the Firm of appointment? If Yes, please atta	Name and Type of Project (s) use a standard form of contra	Services Perfo	ormed To	tal Contract Value	of Completion
Date Started 7. a) Does the Firm of appointment? If Yes, please atta	Name and Type of Project (s) use a standard form of contract ach a copy. (s) always confirm verbal report	Services Perfo	ormed To	tal Contract Value Yes	of Completion
Tate Started Table 2 a) Does the Firm of appointment? If Yes, please attace b) Does the Firm	Name and Type of Project (s) use a standard form of contract ach a copy. (s) always confirm verbal report	Services Perfo	ormed To	tal Contract Value Yes	of Completion
a) Does the Firm of appointment? If Yes, please atta	Name and Type of Project (s) use a standard form of contract ach a copy. (s) always confirm verbal report	Services Perfo	ormed To	tal Contract Value Yes	of Completion

18.	•	work which involves polluted land or property, ther or not land or property may be polluted	Yes	No No
	•	ontract or terms of engagement which itation of liability in respect of pollution	Yes	No
	If Yes, please confirm how long to (Please supply a copy)	this has been used:		
19.	a) Does the Firm(s) use the servi	ces of consultants, sub-contractors or agents?	Yes	No 📗
	If Yes, do you require them to ha	eve PI Insurance and if so what limit of indemnity:		
	b) What percentage of your inco	ome relates to sub-contracted work?		%
20.		nber of a consortium, group practice, joint olved in any single project partnership?	Yes	No
	If Yes, please provide full details	:		
PR	REVIOUS/CURRENT IN	NSURANCE		
1.	Does the Company currently ha	ve a Professional Indemnity Insurance policy in for	ce? Yes	No
	If Yes:			
	a) Insurer			
	b) Expiry Date			
	c) Limit of Indemnity			
	d) Excess			
	e) Premium			
	f) Expiry Retroactive Date			
2.	Has any previous policy for Proferefused or had any special terms. If Yes, please provide full details	• •	Yes	No
	ii res, piease provide full detalls	•		

3.	Please indicate the Limit of Indemnity required:					
	€500,000 €1,000,000 €1,500,000 €2,000,000					
	€3,000,000	_				
	Please specify if other:					
4.	What Excess is the Proposer prepared to carry uninsured?					
	€1,000, €2,500, €5,000, €10,000 or 'Other'					
		_				
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CL	AIMS/CIRCUMSTANCES INFORMATION					
1.	Have any claims alleging negligent act, error or omission (successful or otherwise)					
1.	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	\exists				
	Please provide full details:					
	·	\neg				
		_				
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	\neg				
	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	\neg				
	If Yes, please provide full details:					
	ii 103, picase provide faii detaiis.	\neg				
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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 as well as the non-disclosure of material information, and in addition to comply with money-laundering legislation, OBF Insurance Group Ltd. may at any time:

- Share information about you with companies or organisations outside OBF Insurance Group Ltd. including, where appropriate, private investigators and public bodies including An Garda Siochana
- Check your details with fraud prevention agencies as well as databases and other sources of information including, but not limited to, the insurance industry claims database known as InsuranceLink. For information on the functioning of InsuranceLink, please visit insurancelink.ie.

DECLARATION

The undersigned authorised person declares that all questions in this Proposal Form have been answered honestly and with reasonable care and that no information which we requested has been withheld or misrepresented. He/she understands that non-disclosure of material information could result in a claim under the policy being declined. The undersigned agrees that, should any material information change between the date of this proposal and the inception date of the insurance to which this proposal relates, they will advise us thereof. The undersigned agrees that this proposal, together with any other material information supplied to us, shall form the basis of any contract of insurance effected thereon.

Signature:	
Name:	
Position:	Date: