

# OBF

INSURANCE GROUP



## ENGINEERS

PROFESSIONAL INDEMNITY  
PROPOSAL FORM

Coverholder at

**LLOYD'S**

OBF Insurance Group Ltd. Bridge House, Baggot Street Bridge, Dublin 4. D04 X2P1  
T: +353 1 660 1033 / 676 0201 | F: +353 1 668 7985 | E: [piteam@obf.ie](mailto:piteam@obf.ie) | W: [www.obf.ie](http://www.obf.ie)

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

## **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.
- 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 state total number of:

Principals/Partners/Directors:

Other Technical Staff:

Qualified Staff:

Administrative/Other:

8. a) Details of all Directors/Partners/Principals:

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

b) Details of Consultants/Qualified Staff:

Full Name of all Consultants	Age & Qualifications	Date Qualified	How long a Consultant to this firm/company

9. a) Has the Name of the Proposer 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, 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? Yes  No

If Yes, please provide full details:

## DETAILS OF ACTIVITIES/INCOME/FEES

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

	Last Financial Year <input style="width: 80px;" type="text"/> / <input style="width: 80px;" type="text"/>	Current Financial Year <input style="width: 80px;" type="text"/> / <input style="width: 80px;" type="text"/>	Estimate for Next Financial Year <input style="width: 80px;" type="text"/> / <input style="width: 80px;" type="text"/>
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	
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:

c) Please state how overseas work is/will be controlled and advise the jurisdiction under the contracts and value:

3. Please list the Proposer's six largest contracts in the last five years (including where the end product of such work is carried out overseas):

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, please specify area(s)/country(s) 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 last financial year from your largest client?

8. Has the proposer undertaken any Rail related contracts in the last 6 years?  
If Yes, please provide full details:

Yes

No



9. 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

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

Activity	Ireland - %	Elsewhere %
Nuclear Engineering		
Chemical/Petrochemical		
Geotechnical		
Setting		
Marine Engineering		
Project Management		
Structural Surveying		
Structural Engineering		
Civil Engineering		
Design – No Supervision		
Interior Design – Structural		
Planning Supervision		
Project Co-Ordination		
Mechanical		
Draughting		
Client/Employer Representation		
Landscape - Hard		
Heat/Vent/Air-Con/Electrical		
Quantity Surveying		
Feasibility/Town Planning		
Soil Lab Analysis		
Interior Design – No Supervision		
Other work – Please Specify details & profession		
<b>TOTAL (100%)</b>		

**11. Planning Supervision**

a) Does the Company plan to offer Planning Supervisor Services as provided by the Construction (Design and Management) Regulations? Yes  No

b) Please describe the service that the Proposer intends to offer in this connection:

c) Have these tasks been allotted to specific staff? Yes  No

d) What steps have been taken to ensure that any staff undertaking the role of a Planning Supervisor are adequately experienced in relevant health and safety aspects?

e) Have or will those staff who will undertake Planning Supervisors duties attended specific CDM courses? Yes  No

If Yes, please give details if they are or will become certificated:

**12. Please indicate the approximate percentage of the total fee the Proposer derives from work where the main contract or interest is:**

	%
Commercial Offices and Shopping Centres	
Bridges and/or Tunnels	
Dams and/or Mines	
Harbours and/or Jetties and/or Off-Shore installations	
Chemical, Petrochemical and Refineries	
Housing Schemes (2-3 floors)	
High Rise Building (above 5 floors)	
Sewerage Scheme	
Foundations and Underpinning	
Retail	
Water Schemes	
Nuclear or Atomic Projects	
Leisure, Sport and Amusement	
Schools, Hospitals, Municipal Buildings	
Industrialised Systems Buildings	
Airports, Railways	
Roads, Highways or Motorways	
Retail/Business Parks	
<b>TOTAL</b>	<b>100%</b>

13. Does the Company, or any Associated Company already mentioned undertake any contract which involves any of the following:

a) Manufacture, Construction, Erection or Installation?

Yes  No

b) Supply Materials, Plant Goods or Equipment?

Yes  No

c) Provision of Software?

Yes  No

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

14. 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

f) Do you require cover for sub-contractors?

Yes  No

15. 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:



16. 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 any 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 provide full details:

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

If No, please provide 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 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
- g) If the Company inserts any standard disclaimers in reports or letters, please attach a copy of such and describe circumstances in which such are used.

Standard Disclaimers	Circumstances Used

18. a) Does the Company operate any internal Quality Assurance Systems? Yes  No

If Yes, please give full details

- b) Does the Company operate/insist on compliance with any Continual Professional Development(CPD) Programme? Yes  No
- c) When sub-contractors or specialist consultants are engaged in connection with any commission, has the Company in the past ensured, and will the Company in the future endeavour to ensure, that such consultants are appointed directly by and paid by the client? Yes  No
- d) Does the Company give advice on product suitability or installation techniques? 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  
(Please state if Aggregate  
or any one claim)

d) Excess

e) Premium

f) Expiry Retroactive Date

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:

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](http://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](http://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: