

## PROPOSAL FORM

### Engineers Professional Indemnity Insurance

#### IMPORTANT NOTICE

PLEASE ANSWER THIS PROPOSAL FORM CAREFULLY - Please remember that you are under a duty to answer all questions, which we ask, honestly and with reasonable care. Please ensure all answers and information given in this Proposal Form and any other documents previously provided by you or your broker to us are complete and accurate.

This is for your own protection as if the information you provide is not accurate:

- your policy may not provide you with the cover you need,
- a claim may not be paid,
- the policy could be declared invalid and void or may be cancelled, and
- you may encounter difficulties trying to purchase insurance elsewhere

#### PLEASE NOTE - IF YOU ARE NOT A CONSUMER (AS DEFINED BELOW) THE FOLLOWING DUTY ALSO APPLIES

In addition to the above, you must also tell us about any other facts, which are likely to affect whether we agree to provide cover, or how we assess the risks proposed for insurance.

If you are not sure whether you should tell us about something, please tell us anyway. This is for your own protection because, if you do not give us all the information we need, the policy may not provide you with the cover you need, a claim may not be paid, the policy may be declared invalid and void or may be cancelled, and you may encounter difficulty trying to purchase insurance elsewhere. Where applicable, you should also be aware that failure to have property insurance in place could lead to a breach of the terms and conditions attaching to any loan secured on that property.

#### Consumer Definition:

Consumer means a '*consumer*' as defined by section 2(1) of the Financial Services and Pension Ombudsman Act 2017. For the avoidance of doubt, the definition of '*consumer*' shall include:

- (i) a natural person, not acting in the course of business,
- (ii) a sole trader, partnership, trust club or charity (not being a body corporate), with an annual turnover in its previous financial year (within the meaning of section 288 of the Act of 2014) of €3 million or less, or
- (iii) an incorporated body that
  - (a) had an annual turnover in its previous financial year (within the meaning of section 288 of the Act of 2014) of €3 million or less, and
  - (b) is not a body corporate that is a member of a group of companies (within the meaning of section 8 of the Act of 2014) with a combined annual turnover (in the previous financial year (within the meaning of section 288 of the Act of 2014) of the group of companies), of greater than €3 million.

#### HOW TO COMPLETE THE PROPOSAL FORM

##### On your computer:

1. Download and save the blank PDF form to your hard drive
2. Open the form with Adobe Reader
3. Complete all fields within the form
4. You can save the form on your hard drive and return to complete it at any stage
5. Make sure that you include all relevant supporting documentation with your submission to avoid processing delays
6. After completing the form, attach it and all supporting documentation in an email to your designated contact at Arachas

**By hand:**

1. Open the PDF
2. Print the PDF
3. Complete the printed form
4. Make sure that you included all relevant supporting documentation within your submission to avoid processing delays
5. After completing the form, attach it and all supporting documentation in an email to your designated contact at Arachas

**Arachas Corporate Brokers**

The Courtyard,  
Carmanhall Road,  
Sandyford Business Estate,  
Dublin 18  
Tel: (01) 213 5000  
Email: insure@arachas.ie

**Complaints Procedure**

In the event that the Policyholder has a complaint against the Insurer, in the first instance the Policyholder should address correspondence to:

Arachas Corporate Brokers Ltd  
The Courtyard  
Carmanhall Road  
Sandyford Business Park  
Sandyford  
Dublin 18  
D18X377

All correspondence will be passed to the Insurer who will investigate matters and respond.

If you remain dissatisfied, you may contact the Financial Services and Pensions Ombudsman at Lincoln House, Lincoln Place, Dublin 2, D02 VH29, tel. +353 1 567 7000, email: info@fspo.ie.

The FSPO website gives information on its complaints handling.

**Data Protection**

The Company processes data in line with the provisions of the Data Protection Acts' shall mean the Data Protection Acts 1988 to 2018, as amended, updated, supplemented, repealed or replaced from time to time and includes the EU General Data Protection Regulation (Regulation 2016/679).

Personal data is collected in order to provide the highest standard of service to you. The information you give us may include your name, date of birth, details of home address, contact address, e-mail address and phone number, employment details, bank account detail, tax details, assets and liabilities, expense details, financial and credit card information, photo identification documentation, criminal convictions. Information supplied is kept secure, is used only for legitimate purposes in our activity as intermediary and is retained for no longer than is necessary, subject to any regulatory rules regarding record maintenance.

You may have entitlements under legislation to inspect all personal information held on file by the Company and to have inaccuracies in that information corrected. Subject access requests for specific information should be sent to the Data Protection team at our Dublin office. There is no fee for such requests.

**1**

Name of the Firm/Partnership/Individual including Trading and Business Name

Address (main office)

Postcode/Eircode

Telephone No:  Website

Date of commencement of the firm  
*If under two years experience in this occupation please supply a cv for principals and brief business plan.*

Contact Name  Email

**2**

Please provide a clear description of the business activities of the firm

**3**

Please state your total number of staff

Partners and directors		No. of years' experience in this capacity
Name	Qualifications	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other qualified staff		No. of years' experience in this capacity
Name	Qualifications	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other employees**  
*Please provide the total number of employees in the following categories*

Other technical staff  Administrative & secretarial staff

Please give total fee income generated for the last 3 completed years (including those paid to sub-contractors). For 'start-ups' please enter estimates.

	Current Year <i>DD/MM/YYYY</i>	Last completed Year <i>DD/MM/YYYY</i>	Year previous <i>DD/MM/YYYY</i>
Republic of Ireland	€	€	€
United Kingdom	€	€	€
Europe	€	€	€
USA/Canada	€	€	€
Rest of World	€	€	€
<b>TOTAL</b>	€	€	€

Please specify your financial year end

What is your projected total fee income for next financial year?

Republic of Ireland	€	USA/Canada	€
United Kingdom	€	Rest of World	€
Europe	€	<b>TOTAL</b>	€

Do you have any offices outside the Republic of Ireland for which you are seeking cover YES  NO

If 'YES' please provide details

For the last complete financial year, what was the largest fee from any one contract €

Please state the 5 largest contracts undertaken in the last 3 years

<b>1. Client</b>	Client Industry		
<input type="text"/>	<input type="text"/>		
Nature of Contract	Scope of Services Provided		
<input type="text"/>	<input type="text"/>		
Total Overall Project Value	Your Fee Earned	Start Date	End Date
€ <input type="text"/>	€ <input type="text"/>	<i>DD/MM/YYYY</i>	<i>DD/MM/YYYY</i>

<b>2. Client</b>	Client Industry		
<input type="text"/>	<input type="text"/>		
Nature of Contract	Scope of Services Provided		
<input type="text"/>	<input type="text"/>		
Total Overall Project Value	Your Fee Earned	Start Date	End Date
€ <input type="text"/>	€ <input type="text"/>	<i>DD/MM/YYYY</i>	<i>DD/MM/YYYY</i>

Continued on page 5

4

*Continued*

<b>3. Client</b>		Client Industry	
<input type="text"/>		<input type="text"/>	
Nature of Contract		Scope of Services Provided	
<input type="text"/>		<input type="text"/>	
Total Overall Project Value	Your Fee Earned	Start Date	End Date
€ <input type="text"/>	€ <input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>

<b>4. Client</b>		Client Industry	
<input type="text"/>		<input type="text"/>	
Nature of Contract		Scope of Services Provided	
<input type="text"/>		<input type="text"/>	
Total Overall Project Value	Your Fee Earned	Start Date	End Date
€ <input type="text"/>	€ <input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>

<b>5. Client</b>		Client Industry	
<input type="text"/>		<input type="text"/>	
Nature of Contract		Scope of Services Provided	
<input type="text"/>		<input type="text"/>	
Total Overall Project Value	Your Fee Earned	Start Date	End Date
€ <input type="text"/>	€ <input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text" value="DD/MM/YYYY"/>

5

During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/ Principals and/or its Predecessors in business ever

- a) Declined to Insure?                      YES  NO
- b) Imposed special terms?                YES  NO
- c) Cancelled or voided a policy?        YES  NO
- d) Requested the withdrawal of a claim? YES  NO

*If any answer is 'YES', please provide full details on a separate sheet*

6

Do you require cover for the previous business activities of any Partner/Director/Principal YES  NO   
*If 'YES', please provide full details*

Name of Partner / Director / Principal	Name of Practice	Date Leaving
<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>

7

Please give the split of gross fees in Euro (including those paid to subcontractors) for the last complete financial year

Activity	% of income
Civil Engineering	<input type="text"/>
Structural Engineering	<input type="text"/>
Mechanical Engineering	<input type="text"/>
Electrical Engineering	<input type="text"/>
Heating & Ventilation Engineering	<input type="text"/>
Environmental Engineering (incl. soil testing & site investigations)	<input type="text"/>
Geotechnical Engineering (incl. foundations)	<input type="text"/>
Hydrolic Engineering	<input type="text"/>
Transport Engineering	<input type="text"/>
Municipal Engineering	<input type="text"/>
Construction Surveying	<input type="text"/>
Architectural Consultancy	<input type="text"/>
Land Surveying	<input type="text"/>
Building Surveying	<input type="text"/>
Building Energy Rating (BER) Assessor	<input type="text"/>
Expert Witness	<input type="text"/>
Feasibility Studies	<input type="text"/>
Adjudication &/or Arbitration	<input type="text"/>
Town Planning	<input type="text"/>
Project Management	<input type="text"/>
Commercial Building Surveying	<input type="text"/>
Commercial Valuations (Lending)	<input type="text"/>
Commercial Valuations (Non-Lending)	<input type="text"/>
Residential Full Structural Surveys	<input type="text"/>
Residential Lending Institution Valuation Reports	<input type="text"/>
Other Residential Valuations (Non-Lending)	<input type="text"/>
Other	<input type="text"/>
<i>If 'Other' please provide details</i>	<input type="text"/>

8

a) Has your practice ever provided any construction and/or professional services in respect of nuclear and/or energy generation and/or other form of power plant and/or chemical & petrochemical, waste to energy and/or biomass?

YES  NO

If 'YES' please provide details

b) Has your practice undertaken projects in the last 10 years where you design concrete floating slab foundations for warehousing and/or manufacturing buildings exceeding 10,000 square metres?

YES  NO

If 'YES' please provide details

c) Has your practice in the last 10 years provided any design services for foundation and/or reinforced concrete (RC) slab contracts in Industrial / Manufacturing / Warehousing / Storage / Distribution sites?

YES  NO

If 'YES' please answer i, ii & iii below

(i) Can you confirm that all design of RC slabs are either client supplied design or from third party Engineers appointed by the Proposer with own PI in place (and you have no in house design of RC slabs).

YES  NO

If 'NO' please provide further details

(ii) Please provide details of any quality assurance processes in place. i.e. what internal controls, design reviews, external sign off is in place? Are the end client requirements (site use, loadings etc.) clearly recorded in the appointment documents?

(iii) Please provide an overview of the RC slab exposures at Industrial/Manufacturing/Warehousing/Storage/Distribution sites – including approximate number of projects per annum, 3 largest contract values, split of types of projects, services provided etc.

Projects per annum	3 largest contract values	Type of project	Scope of services provided	End date of project
	€			
	€			
	€			

9

What approximate percentage of gross fee income was paid to sub-contractors in the last complete financial year?

Please tick the applicable boxes below if your practice has provided any construction and/or professional service in the last 10 years in respect of the following?

- |                  |                          |                 |                          |  |                          |
|------------------|--------------------------|-----------------|--------------------------|--|--------------------------|
| Railways         | <input type="checkbox"/> | Bridges         | <input type="checkbox"/> | Demolition   | <input type="checkbox"/> |
| Dams             | <input type="checkbox"/> | Swimming Pools  | <input type="checkbox"/> | Roofing  | <input type="checkbox"/> |
| Tunnels          | <input type="checkbox"/> | Mines           | <input type="checkbox"/> | Basements  | <input type="checkbox"/> |
| Jetties          | <input type="checkbox"/> | Data Centres    | <input type="checkbox"/> | Pharmaceutical and/or Clean Room work                              | <input type="checkbox"/> |
| Airports/Airside | <input type="checkbox"/> | Curtain Walling | <input type="checkbox"/> | Foundations or Underpinning  | <input type="checkbox"/> |
| Hospitals        | <input type="checkbox"/> | Glazing         | <input type="checkbox"/> | Fire Safety Consultancy, Fire Engineering or Fire Risk Assessments | <input type="checkbox"/> |

If you've ticked any of the boxes above, please provide FULL details of your 5 largest projects relating to these areas of work in the section below

Project Name/Client			
Nature and Type of project			
Total Contract Value			
Your Fee			
Start date	DD/MM/YYYY	Completion date	DD/MM/YYYY
Scope of Services provided			
Do you have final sign off of completed works			
Where/are you working on anything deemed safety critical			

Project Name/Client			
Nature and Type of project			
Total Contract Value			
Your Fee			
Start date	DD/MM/YYYY	Completion date	DD/MM/YYYY
Scope of Services provided			
Do you have final sign off of completed works			
Where/are you working on anything deemed safety critical			

Project Name/Client			
Nature and Type of project			
Total Contract Value			
Your Fee			
Start date	DD/MM/YYYY	Completion date	DD/MM/YYYY
Scope of Services provided			
Do you have final sign off of completed works			
Where/are you working on anything deemed safety critical			

Continued on page 9

*Continued*

Project Name/Client			
Nature and Type of project			
Total Contract Value			
Your Fee			
Start date	DD/MM/YYYY	Completion date	DD/MM/YYYY
Scope of Services provided			
Do you have final sign off of completed works			
Where/are you working on anything deemed safety critical			

Project Name/Client			
Nature and Type of project			
Total Contract Value			
Your Fee			
Start date	DD/MM/YYYY	Completion date	DD/MM/YYYY
Scope of Services provided			
Do you have final sign off of completed works			
Where/are you working on anything deemed safety critical			

**Cladding Questionnaire**

1. In the last 10 years, has the Proposer undertaken any contracts where they have been involved in / responsible for the specification, selection, design, installation, certification of cladding / cladding systems / rainscreen systems or the project management of work that included cladding / cladding systems / rainscreen systems specified, selected, designed, installed or certified by a third party?

YES  NO

*If yes, please answer Questions 2 - 4*

2. Are any of these contracts in respect of multiple occupancy residential and/or mixed use development and/or public buildings (refer definition below)?

YES  NO

3. Are any of these contracts in excess of 18m in height?

YES  NO

4. Did any of the contracts include the use of ACM/P (aluminium composite materials/panels), ZCM/P (Zinc Composite materials/panels), HPL (high pressure laminates) or ventilated rainscreen systems incorporating PIR (Polyisocyanurate) or PUR (Polyurethane rigid foam) external wall insulation?

YES  NO

*If YES, to questions 1, 2, 3 or 4, please complete the contract details section of this Questionnaire at the end of this proposal form*

**Definition of Public Buildings**

Public buildings shall include, but are not limited to, hospitals, care homes, multiple occupancy residential, schools, universities, stadia, hotels and mixed use developments.

11

Does the firm carry out any survey and/or valuation work for loan/lending purposes YES  NO

Please select from the following list the relevant qualification(s) of the principal(s)/partner(s)/ director(s)/ employee(s) carrying out survey and valuation work for loan/lending purposes for the firm

Qualifications	
ACEI	YES <input type="checkbox"/> NO <input type="checkbox"/>
Architectural Technician	YES <input type="checkbox"/> NO <input type="checkbox"/>
CIBSE	YES <input type="checkbox"/> NO <input type="checkbox"/>
IEI	YES <input type="checkbox"/> NO <input type="checkbox"/>
IPAV	YES <input type="checkbox"/> NO <input type="checkbox"/>
RIAI	YES <input type="checkbox"/> NO <input type="checkbox"/>
RIBA	YES <input type="checkbox"/> NO <input type="checkbox"/>
RICS	YES <input type="checkbox"/> NO <input type="checkbox"/>
SCSI	YES <input type="checkbox"/> NO <input type="checkbox"/>
CABE	YES <input type="checkbox"/> NO <input type="checkbox"/>

12

**Risk Management**

Please confirm that:

**a)** work undertaken by professional / technical staff is regularly reviewed by a principal, partner, director or qualified manager?

YES  NO

**b)** written procedures or checklists are used for the professional / technical service provided?

YES  NO

**c)** any consultants for which you are or have been responsible for are required to have Professional Indemnity Insurance for a limit not less than the amount of cover requested by this Proposal?

YES  NO

**d)** contracts are evidenced in writing, specify the work to be undertaken and the extent of your responsibility?

YES  NO

**e)** changes in specification during the course of a contract are evidenced in writing?

YES  NO

**f)** you have not failed to complete a project?

YES  NO

**g)** a system is in place for ensuring that time limits and critical dates are met?

YES  NO

*If you answer 'NO' to any of the questions above, please provide details below*

Do you currently or do you anticipate that you will act as an Assigned Certifier under the Building Control Amendment Regulations or engage sub-consultants to do so?  YES  NO

If "YES" please answer the following:

- a) Will the person undertaking the role have undergone appropriate training and CPD accreditation?  
YES  NO
- b) Is there a separate engagement / appointment for this role and will this always be undertaken under a written contract?  
YES  NO
- c) Would you intend to act solely as the Assigned Certifier but not part of the design team, in any circumstances?  
YES  NO
- d) Are you registered under Part 3 or Part 5 of the Building Control Act 2007 or Section 7 of the Civil Engineers of Ireland (Chartered Amendment ) Act 1969?  
YES  NO
- e) Do you comply with the Code of Practice for Inspecting and certifying building works?  
YES  NO
- f) Will you charge a separate fee for this service?  
YES  NO
- g) What are the estimated fees from this service in the next 12 months? €

**Fire Protection**

**Definitions:** Words beginning with a Capital letter and in **bold** shall have the meaning assigned to them in the definitions at the end of this document.

**Explanatory note:** When completing this form where you act as an Architect or Engineer or Surveyor or Primary contractor sub-contracting out **Fire Protection Work** you should answer in the same manner as if you are directly carrying out the fire protection yourself.

1. Do you, or contractors/sub-contractors on your behalf, carry out **Fire Protection Work**? If 'Yes', please answer the below questions. If 'No' no further action required.

YES  NO  By sub-contractors working on your behalf

2. In relation to United Kingdom contracts only are designs always sent to Building Control for approval prior to works commencing

YES  NO  N/A

*Please answer N/A if you have not carried out any contracts in the United Kingdom, including Northern Ireland.*

3. Are Fire Safety Certificates obtained in the Republic of Ireland from the relevant local authority prior to works commencing?

YES  NO

4. In the Republic of Ireland are designs issued to the Designer Certifier or Assigned Certifier firm appointed under the Building Control Amendment Regulations of 2014 (BCAR) for approval and upload both (a) prior to works commencing and (b) at practical completion and prior to occupation.

YES  NO

*Continued page 12*

*Continued*

5. Do you ensure that sufficient steps are taken by you to ensure that the fire protections specified in the designs are installed/constructed per the approved designs?

YES  NO

6. Are the steps/processes in answer to Question 5 above fully documented in writing?

YES  NO

7. In the 10 years prior to renewal have you been involved with contracts in respect of any buildings that are multiple occupancy residential in excess of 18m in height?

YES  NO

If answer to Question 7 is yes, please provide full details/overview of contracts.

**Fire Protection definition**

**Fire Protection** shall mean:

- i) the combustibility, fire protection performance, fire resistance/fire retardant characteristics of any external cladding or roofing systems;
- ii) any internal fire protection systems;
- iii) any aspect of the fire safety or fire performance of a building or structure

**Fire Protection Work definition:**

**Fire Protection Work** shall mean:

- i) Any involvement and/or responsibility in relation to the sale, supply, installation, calibration or maintenance of any product or service associated with **Fire Protection**;
- ii) Any involvement and/or responsibility for the specification, selection, design, or certification of any product or service associated with **Fire Protection**.

a) Has the firm and/or any prior practice made any claim or notified any circumstance in the last 6 years?

YES  NO

b) Is the firm aware, after careful enquiry, of any loss or claim or circumstance which may give rise to a claim which has not already been notified to past or present insurers?

YES  NO

c) Is there any matter notified by the firm to insurers or that has not been accepted as an effective notification?

YES  NO

**If 'Yes' to a,b, or c above, please provide details on the Claims page at the back of this document. Include steps taken to prevent a recurrence..**

16 Does the firm currently have a Professional Indemnity policy in place YES  NO   
 If 'YES', please state:

Current Insurer:  Renewal Date:  Limit of Indemnity  Excess

Has the firm purchased and maintained PI Insurance continually with no breaks in cover for the past 6 years or since establishment? YES  NO   
 If 'No' can you please advise the retroactive date on your current policy

*If you are currently not insured for Professional Indemnity, or have not entered a date above, the retroactive date will be the inception of this policy*

17 What limit of indemnity do you require?

€250,000  €500,000  €750,000  €1,000,000  €1,500,000   
*If other please enter amount*

€2,000,000  €2,500,000  €3,000,000  Other  €

**DECLARATION**  
 I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by/me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers or any material alteration to these facts occurring before completion of the Contract of Insurance.

Dated

Signature of Partner

Name of Signatory (PLEASE PRINT)

**A COPY OF THIS COMPLETED PROPOSAL FORM SHOULD BE RETAINED BY YOU FOR YOUR OWN RECORDS.**



## Claims Details

Notification Date <small>DD MM YY</small>	Claims Status Outstanding / Settled	Damages	Claimants Costs	Defence Costs	Total
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					
	<input type="checkbox"/> Outstanding <input type="checkbox"/> Settled				
Claim Details					

Please provide a brief description of each claim.