

PROFESSIONAL INDEMNITY INSURANCE (ARCHITECTS/CONSULTING ENGINEERS) PROPOSAL FORM

1.	Name of Firm	
2.	Postal address	Postal code
	Telephone - Office House	Mobile
	ID No./Certificate of Incorporation	PIN No.
	Fax Email	
3.	When was the firm established? day/month/year	

4. Full names of all partners, their qualifications and dates qualified:

5. How long has each Partner practised as a principal?

- 5. Are you or any of your partners financially connected with any firm performing any part of the building/engineering contract?
- 6. In which type of profession are you mainly engaged:
 - Marine Surveyors
 - Boundary Surveyors
 - Surveys of the sub-surface condition \Box
 - Ground Testing
 - Work in connection with bridges/dams, tunnels and mines $\hfill\square$

Yes 🗌 No 🗌

7.	Give a brief	description an	d value of	your five	largest j	jobs during	the last five	years:
				/	0			/

8.	Toto	al number of:			
0.					
	(a)	Partners			
	(b)	Staff other than typists			
	(c)	Office boys			
	(d)	Typists			
9.	Give full details of any claims which have been made in the past against the firm or any of the present Partners, either individuals or otherwise, or anything within the Proposer's knowledge which is likely to give rise to a Claim:				
10.	Ha	as any application for insurance made by you or your predecessors in business e	ver been:		
	(a)	Declined?	Yes 🗌 No 🔲		
	(b)	Required special terms to insure you?	Yes 🗌 No 📋		
	(c)	Required special restriction?	Yes 🗌 No 🗌		
	(d)	Terminated by Insurer?	Yes 🗌 No 🗌		
	lf s	so, why?			
11.	Sto	ate:			
	(a)	Annual Building Values			
	(b)	Annual fees, from all sources			
12.	Ar	mount of Indemnity required			
The	liabi	ility of Jubilee General Insurance Limited does not commence until the Proposal hc	us been accepted and the premium		

DECLARATION

I/We declare that the above statements and particulars are true, and I/We have not suppressed or mis-stated any material facts, that at the present time I/We have no reason to anticipate any claim brought against me/us for any negligent act, error or omission on the part of any member or employee of this firm or their predecessors in business, and agree that this Declaration shall be the basis of the contract between me/us and the Company.

Signature of Proposer _____ Place ____

Date _

paid.