

# Asia Harvest Insurance Agency Ltd

The agent for Asia Insurance Co. Ltd with PLUS as the underwriting.  
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## Professional Indemnity Insurance Proposal Form Construction Industry (Annual Policy)

**Please read the following note before you complete the proposal.**

### 1. YOUR DUTY OF DISCLOSURE

Before you enter into any contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty does not require disclosure of a matter :

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### 2. CLAIMS MADE POLICY

THE TERMS AND CONDITIONS of a Claims Made Policy provide that, if a Claim (as defined) is made against you then you must immediately notify the Underwriters thereof. This notification must be given during the term of the Policy for the Policy to apply.

If any circumstances come to your attention during the term of the Policy which are likely to cause a Claim to be made against you or which you should reasonably expect may give rise to a Claim to be made against you, you have an option as to whether or not to notify the Underwriters. However, failure to notify may affect Policy response, i.e. all or part of any subsequent claim may not be covered. Assuming the option is chosen, such notification must be given during the term of the Policy for the Policy to apply.

The time of happening of the acts or circumstances which give rise to a Claim or a possible Claim is not of relevance provided they occur after the retroactive date stated on the Schedule and the relevant sum insured is adequate.

Upon expiry of the Policy no further claims can be made thereunder and the maintenance of insurance or arrangement of run off cover is essential.

### 3. UTMOST GOOD FAITH

This Insurance is a contract based on the utmost good faith requiring the Insurer(s) and the Proposer/Insured(s) to act towards each other with the utmost good faith in respect of any matter arising in relation to this insurance.

**Professional Indemnity Proposal Form - Construction Industry**

1. Please answer all questions, leaving no blank spaces.
2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
3. This form must be signed and dated by a Partner, Principal or Identified Officer of the Firm.
4. If you have a brochure about your firm's operation(s), please forward a copy with this application.
5. If the firm is a body corporate, "Partners" is deemed to read "Directors".

1. Name of Proposer			
2. Address of Proposer – If there is more than one address, please give each address.			
3. When was the firm established?			
4. Is the firm:            A corporation <input type="checkbox"/> A partnership <input type="checkbox"/> An individual <input type="checkbox"/>			
5. During the past five years has the name of the firm changed or any other business been purchased or any merger or consolidation taken place? <span style="float: right;"><b>YES / NO</b></span> If YES, give full details:			
6. In which of the following professions is your firm engaged? Please tick			
a. Architects <input type="checkbox"/>	e. Soil engineers <input type="checkbox"/>	i. Structural engineers <input type="checkbox"/>	m. Aerospace engineers <input type="checkbox"/>
b. Building designers <input type="checkbox"/>	f. Electrical engineers <input type="checkbox"/>	j. Chemical engineers <input type="checkbox"/>	n. Other, specify below <input type="checkbox"/>
c. Land surveyors <input type="checkbox"/>	g. Mechanical engineers <input type="checkbox"/>	k. Nuclear engineers <input type="checkbox"/>	
d. Civil engineers <input type="checkbox"/>	h. Heating & ventilation <input type="checkbox"/>	l. Marine surveyors <input type="checkbox"/>	
7. Personnel			
Name of Partners/Directors/Executives	Qualifications	Date & place acquired	How long with firm
8. Total Personnel			
a. Partners/Directors/Executives as above.	_____		
b. Total number of engineers, surveyors & architects	_____		
c. Total number of field people (rodmen, chainmen, etc.)	_____		
d. Total number of draughts people	_____		
e. Total number of secretaries, phone operators, typists, etc	_____		
TOTAL STAFF	=====		

9. States in which firm practices: \_\_\_\_\_

If involved in foreign work, give details:

10. Have any of those listed in question 8 ever been the subject of disciplinary action by authorities as a result of their professional activities? **YES / NO**

If **YES**, give details:

11. To what professional association(s) does the proposer belong?

12. Indicate the proportion of fee income associated with supervision of construction \_\_\_\_\_

13. A) Indicate the proportion of work under these headings in which the firm engages (should total 100%).

- |  |                   |
|--|-------------------|
| a. Boundary surveys  | None / Yes _____% |
| b. Work in connection with construction of bridges and/or tunnels  | None / Yes _____% |
| c. Work in connection with dams  | None / Yes _____% |
| d. Work in connection with mines   | None / Yes _____% |
| e. Work in connection with harbours or jetties   | None / Yes _____% |
| f. Work in connection with sewerage systems  | None / Yes _____% |
| g. Work in connection with foundations   | None / Yes _____% |
| h. Work in connection with marine surveys  | None / Yes _____% |
| i. Work in connection with nuclear or atomic projects  | None / Yes _____% |
| j. Work in connection with heating, ventilation and air conditioning                                       | None / Yes _____% |
| k. Work in connection with petrochemicals, refineries, fertilizer, ammonia, urea plants                    | None / Yes _____% |
| l. Work in connection with hospitals, schools, municipal buildings   | None / Yes _____% |
| m. Work on feasibility studies, reports, surveys where applicant is not involved in construction or design | None / Yes _____% |
| n. Services connected with structures at fairs, shows, exhibitions to be demolished when fair, etc. closes | None / Yes _____% |
| o. Other, please specify below   | None / Yes _____% |

**Total** \_\_\_\_\_%

B) Does the proposer foresee any substantial changes in the percentages of question 12 or 13A) during the next twelve months? **YES / NO**

If **YES**, give details:



<b>18.</b> Does the proposer work with other firms in joint ventures? <span style="float: right;"><b>YES / NO</b></span> If <b>YES*</b> , give details as follows:				
Name of JV	Total construction values	Proposers portion	Estimated total fees	% complete
*NOTE: Coverage will only be provided in respect of work physically performed by the proponent				
<b>19.</b> Is the proposer controlled, owned or associated with any other firm, corporation or company? <span style="float: right;"><b>YES / NO</b></span> If <b>YES</b> , give details:				
<b>20. A) PREVIOUS COVERAGE:</b> Give particulars of previous similar insurance carried during the PAST THREE YEARS:				
Company	Policy no.	Limits	Period (including dates)	
<b>B)</b> Give particulars of any specific project insurance previously arranged which included coverage for your firm and for which coverage is now proposed.				
<b>21.</b> Has any proposal for similar insurance made on behalf of the firm, any predecessors in business or present partners, ever been declined or has any such insurance ever been cancelled or renewal refused? <span style="float: right;"><b>YES / NO</b></span> If <b>YES</b> , give details:				
<b>22.</b> Has any claim ever been made against the proposer or any persons named in question 7 above or has the proposer made a claim under any design and construct policy? <span style="float: right;"><b>YES / NO</b></span>  If <b>YES</b> , state briefly the cause and nature of the claim including the amount involved and names of the project and the claimant, the date when the claim was made, the date the act giving rise to the claim was committed and the final disposition:				
<b>23.</b> Is the proposer aware of any circumstances which may result in any claim of the kind covered by the proposed insurance against them, their predecessors in business, or any of the present or past partners or officers? <span style="float: right;"><b>YES / NO</b></span>  If <b>YES</b> , give full details on the same basis as question 22				

<b>24.</b>	<p>a) Does your computer equipment presently meet Year 2000 Conformity? <span style="float: right;"><b>YES / NO</b></span></p> <p>b) Are you aware of any Year 2000 conformity problems which any of your client base past or present may have experienced? <span style="float: right;"><b>YES / NO</b></span></p> <p style="padding-left: 20px;">If <b>YES</b> (and after specific enquiry of those clients), were any such problems related in any way to advice or services provided or not provided by your business? <span style="float: right;"><b>YES / NO</b></span></p>
<b>25.</b>	Limit of liability requested    \$_____ (limits in policy will govern coverage)
<b>26.</b>	Amount of excess required    \$ _____
<b>27.</b>	Attach a list of the 10 largest jobs in the last five years. Give names, type of structure and services performed, and amount for each job.
<b>28.</b>	Does the firm require indemnity for any or all of the following extensions for which extra premium may be required?
	a. Amendment to the dishonesty exclusion (fraud and dishonesty of staff) <span style="float: right;"><b>YES / NO</b></span>
	b. Automatic reinstatement <span style="float: right;"><b>YES / NO</b></span>
<b>29.</b>	If extension b. ii) (outgoing partners) is required, give the following details:
	a) Full name of the partners to whom it is to apply
	b) Date when they ceased to be partners of the firm Any additional remarks
<b>30.</b>	Details of any design and consulting activities including project management and construction management activities
	a) Does a Design and Consulting Department operate as a separate entity with each contract billed with the actual fees? <span style="float: right;"><b>YES / NO</b></span>
	b) Please list the countries in which the Firm provides, or has provided, Design and Consulting Activities, etc.
	c) Are all Associates and/or Subsidiary Companies and/or external consultants' work checked by Head Office? <span style="float: right;"><b>YES / NO</b></span>
	If <b>YES</b> , please give details:

<b>31.</b>	<p>a) Do you use independent specialist consultants? If <b>YES</b>, please give details (type of speciality and proportion of fees subcontracted).</p> <p>b) Are any persons ever hired from outside agencies on a short term basis?</p> <p>c) Do you request evidence of Professional Indemnity Insurance from all consultants?</p>	<p><b>YES / NO</b></p> <p><b>YES / NO</b></p> <p><b>YES / NO</b></p>		
<b>32.</b>	Please state (on an attached addendum) details of the five largest D & C type contracts which have commenced during the past six years where Design and Consulting activities etc. have been involved.			
<b>33.</b>	Please give an approximate percentage split of the disciplines within your Design and Consulting activities, etc.			
	Fees and contract values where applicant	Estimate 12 months	12 months expiring	12 months prior
	a) Design and construct in-house	\$ _____	\$ _____	\$ _____
	b) Construct from others design	\$ _____	\$ _____	\$ _____
	c) Design & technical services for others to construct	\$ _____	\$ _____	\$ _____
	d) Construction management – no construction input	\$ _____	\$ _____	\$ _____
	e) Project management	\$ _____	\$ _____	\$ _____

**DECLARATION**

I, the undersigned, being one of the persons referred to in Question 7 of this proposal, acknowledge and declare:

1. I am duly authorised to make this proposal and this declaration on behalf of the Firm / Company.
2. I have specifically enquired of all persons and companies referred to in Question 1 and 7 and state that all answers to the questions in this proposal form are true and correct.
3. I acknowledge that Underwriters will be relying on this Declaration, the answers given to the questions in the proposal and all information provided by me in deciding whether to issue a contract of insurance, and, if so, the terms of such insurance and the premium charged.
4. **I understand, acknowledge and agree that, as a result of the Proposer purchasing and taking up the policy to be issued by an insurer, the insurer will pay the authorized insurance broker, if applicable, commission during the continuance of the policy including renewals, for arranging the said policy. The Firm further understands that the above agreement is necessary for the insurer to proceed with the application.**

Name of Firm \_\_\_\_\_

Signed \_\_\_\_\_

Name of Authorised Signature: \_\_\_\_\_

Date \_\_\_\_\_