



## INSURANCE FOR DESIGN AND CONSTRUCTION COMPANIES

### APPLICATION FORM

#### INTRODUCTION

The purpose of this application form is for us to find out who you are and to obtain information relevant to the cover provided by the ProSurance™ D&C policy. Completion of this application form does not oblige either party to enter into a contract of insurance. Insurance is a contract of utmost good faith. This means that the information you provide in this application form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this application form will form the basis of the contract.

Important: Insuring Clause I of this Policy provides cover on a claims made and reported basis. Under this Insuring Clause a claim must be first made against the Insured and notified to us during the period of the policy to be covered. This Insuring Clause do not cover any claim arising out of any actual or alleged wrongful act occurring before the retroactive date.

#### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered. If you require any extra room to complete the answers to questions contained within this application form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

### SECTION I: COMPANY DETAILS

- 1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company:	
_____	
Contact name:	
_____	
Address:	
_____	
_____	
Email address:	
_____	
Telephone:	Website:
_____	_____

- 1.2 Please state when your company was established:

- 1.3 How many directors / officers / partners are there in the Company?

- a) Please show the details of all partners / directors:

Name	Years in position	Years experience	Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b) Please state the number of employees:

Professional:

Other:

1.4 a) Please state your revenue received in respect of the following years:

	Last complete financial year	Estimate for current financial year	Estimate for next financial year
Domestic revenue:	_____	_____	_____
USA revenue:	_____	_____	_____
Other territory revenue:	_____	_____	_____
Total revenue:	_____	_____	_____
Profit / (Loss):	_____	_____	_____

Date of financial year end:

DD / MM / YY

Currency:

b) For Stamp Duty purposes please provide a percentage breakdown of your estimated revenue by State or Territory:

NSW	%	VIC	%	QLD	%	SA	%	WA	%
TAS	%	NT	%	ACT	%	O'Seas	%	Total	100 %

c) Please state your revenue split into the following categories:

	Previous Year	Last Year	Current Year (estimate)
Revenue	_____	_____	_____
a. % of total where you carry out construction / installation and you are responsible for the design* and the design* is under taken by your own partners, directors or employees:	_____ %	_____ %	_____ %
b. % of total revenue where you carry out the construction / installation and you are responsible for the design* and the design* is undertaken by third parties appointed by you, on your behalf, or whose appointment is novated to you:	_____ %	_____ %	_____ %
c. % of total revenue where you carry out the construction / installation but have no responsibility for any aspect of the design* i.e. you work to designs* provided by your clients or main contractor with no input from you at all:	_____ %	_____ %	_____ %
d. All other revenue. Please provide full details of the activities undertaken in the box below:	_____ %	_____ %	_____ %

  

  


\*Design means any design or specification, feasibility study, technical information calculation or survey carried out in relation to a contract.

## SECTION 2: ACTIVITIES

- 2.1 Please briefly describe below the nature of your business activities:  
*If you have a brochure, or company literature, please attach to this form.*


- 2.2 Please provide a full breakdown of your total revenue by activity:  
*The total of all activities listed here should equal 100%.*

Heating / Ventilating / Air Conditioning Engineering	%	Marine Engineering	%
Electrical Engineering	%	Environmental Engineering	%
Mechanical Engineering (not processing engineering)	%	Architectural	%
Structural Engineering	%	Project Management	%
Civil Engineering	%	Project Co-Ordination	%
Soil Engineering	%	Chemical / Process Engineering	%

- 2.3 Please advise the percentage of your revenue received in the following areas of work (total should equal 100%):

Domestic Buildings up to 4 stories:	%	Tunnels:	%
Commercial Buildings up to 4 stories:	%	Marine Structures:	%
Domestic Buildings over 4 stories:	%	Water / Sewerage Systems:	%
Commercial Buildings over 4 stories:	%	Bulk Handling Structures:	%
Industrial Buildings:	%	Amusement Structures:	%
Public Buildings:	%	Airports:	%
Mines:	%	Petrochemical / Refineries:	%
Bridges:	%	Dams:	%
Railways:	%	Roads / Highways:	%
Energy / Fuel Cell:	%	Other (Please detail below):	%

Description of 'other' work:


2.4 Do you belong to any association related to these activities?  Yes  No  
If 'yes', please list these associations below:

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2.5 Do you engage in actual construction, installation, or erection?  Yes  No

2.6 Do you engage in any actual manufacture, fabrication, or assembly?  Yes  No

2.7 Do you assume responsibility for any of the activities mentioned in questions 2.5 and 2.6 above?  Yes  No

2.8 If you have answered 'yes' to questions 2.5, 2.6, or 2.7 above then please provide full details of operations below:

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2.9 In the event that your product or service failed or delivery was delayed please describe the worst case scenario. Consider the potential for loss of life, injury to people, damage to buildings or other tangible property, or financial loss (consequential or otherwise) for your clients:

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*Please answer question 2.10 only if you require a quote for Public Liability.*

2.10 Please state the following:

a) Your total estimated payroll for the next financial year:

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b) Your payroll relating to non-manual work away from your premises (such as consulting, or similar):  
Please detail the nature of this work below:

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c) Your payroll relating to manual work away from your premises:  
Please detail the nature of this work below:

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d) Your payroll relating to hazardous work away from your premises:  
Please detail the nature of this work below:

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## SECTION 3: CONTRACT INFORMATION

3.1 a) Please give details of the 5 largest contracts you have carried out in the past 3 years:

Name of client	Your contract value	Nature of your work undertaken for this contract	Total project value	Start date MM / YY	Completion date MM / YY
				MM / YY	MM / YY
				MM / YY	MM / YY
				MM / YY	MM / YY
				MM / YY	MM / YY
				MM / YY	MM / YY

b) Please give details of the 3 largest contracts you expect to commence during the next 12 months where you are responsible for the design and other professional services:

Name of client	Your anticipated contract value	Nature of your work undertaken for this contract	Anticipated total project value	Anticipated start date MM / YY	Anticipated completion date MM / YY
				MM / YY	MM / YY
				MM / YY	MM / YY
				MM / YY	MM / YY
				MM / YY	MM / YY
				MM / YY	MM / YY

c) Are all of your current contracts progressing on time and on budget?  Yes  No

*If 'no' please provide details below:*


3.2 Have you ever undertaken a contract as a member of a consortium or a joint venture?  Yes  No

*If 'yes', please provide details below:*


3.3 Approximately how many customers do you have?

3.4 Do you carry out work only under a written contract signed by every client?  Yes  No  
Please supply a copy of your standard form of contract, or typical examples of contracts used.

*If 'no', please explain in what circumstances, and why:*


3.5 Do you ever accept contracts with your customers in which you accept liability for consequential loss or financial damages greater than the value of the contract?  Yes  No

If 'yes', please explain what percentage of your contracts this is applicable to and what these are capped at:

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3.6 Do all of your current contracts exclude liability for pollution or contamination?  Yes  No

If 'no' please provide details below:

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3.7 What approximate percentage of your revenue, in your current financial year, will be paid to sub-contractors?  %

3.8 Are you responsible for the appointment of sub-contractors?  Yes  No

If 'yes' do you ensure that any third party undertaking design or specification, any feasibility study, technical information calculation or survey on your behalf have their own public liability and professional indemnity insurance with a limit of liability at least equal to the limit of liability you hold?  
If 'no', please explain why:

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3.9 Do any of your contracts contain a service credit or liquidated damages regime?  Yes  No

If 'yes', please attach a sample.

3.10 Are all your contracts reviewed by an appropriately qualified legal advisor prior to signature?  Yes  No

## SECTION 4: COMMERCIAL PROPERTY & BUSINESS INTERRUPTION INSURANCE

Only complete section if you require this cover.

4.1 Please state the address of the premises to be insured (if different from the address given earlier):

PREMISES 1 Address: <hr/> <hr/>
PREMISES 2 Address: <hr/> <hr/>

Please continue on a separate sheet if more than 2 premises are to be insured.

4.2 Please detail below any other party (such as a bank) whose financial interest in the premises should be noted on the policy:

Name of party: <hr/>
Interest of party: <hr/>
Address: <hr/> <hr/>

4.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?  Yes  No
- b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?  Yes  No
- c) In a good state of repair and occupied solely as offices?  Yes  No
- d) Self contained with a lockable entrance door?  Yes  No
- e) Protected by an intruder alarm that is subject to an annual maintenance contract?  Yes  No

*NOTE: We may refuse to pay a claim if all of the devices for the security of your premises (including locks and the intruder alarm) are not put into full and effective operation whenever the premises are closed for business or left unattended.*

- f) Heated by a conventional electric, gas, oil or solid fuel heating system?  Yes  No
- g) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?  Yes  No
- h) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?  Yes  No
- i) Fitted with sprinklers, either fully or partially?  Yes  No

*NOTE: Assuming you have answered 'yes' to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence of these before paying a claim.*

If you have answered 'no' to any of the above questions then please give further details:

4.4 Please detail the amounts to be insured below for each premises:

*NOTE: The amounts insured you state below should be the full rebuilding or replacement cost in each of the categories. If you understate these amounts you will be under-insuring and we may not pay the full amount of your claim. It is therefore essential that these amounts are as close to the true values of the insured items as possible.*

ITEM	AMOUNT INSURED PREMISES 1	AMOUNT INSURED PREMISES 2
Main building:	<input type="text"/>	<input type="text"/>
Landlord's fixtures & fittings and tenant improvements:	<input type="text"/>	<input type="text"/>
Personal computers, printers and ancillary computer equipment at your premises:	<input type="text"/>	<input type="text"/>
All other contents at your premises:	<input type="text"/>	<input type="text"/>
Portable computers and associated equipment at home / away from your premises:	<input type="text"/>	<input type="text"/>
All other contents at home / away from your premises:	<input type="text"/>	<input type="text"/>

4.5 Please state, in respect of portable computers and associated equipment at home / away from your premises, the maximum value of any one item (not the total value of all items):

4.6 Please detail the amounts to be insured below for Business Interruption cover. Note that the maximum indemnity period available is 12 months. You should bear in mind how long it will take you to re-commence trading at another premises when stating the amount insured and indemnity period.

We provide our Business Interruption cover on a 'Flexible First Loss' basis – please specify a total amount insured for Business Interruption cover. This amount applies regardless of whether your business interruption loss is loss of income, costs and expenses, loss of research and development expenditure, project delay costs or outstanding debts. This often enables a smaller total amount insured to be specified and therefore often results in a cheaper premium.

ITEM	AMOUNT INSURED	INDEMNITY PERIOD
Business Interruption cover (Flexible First Loss):	_____	_____

## SECTION 5: CLAIMS EXPERIENCE & INSURANCE HISTORY

5.1 Please provide details of your current Professional Indemnity insurance, if applicable, and what you require for the next year of insurance:

	Retroactive date	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY	MM / YY	_____	_____	_____	_____
Required:	MM / YY	MM / YY	_____	_____	N/A	N/A

5.2 Please provide details of your current Public Liability insurance, if applicable, and what you require for the next year of insurance:

	Effective date	Limit	Deductible	Premium	Insurer
Current:	MM / YY	_____	_____	_____	_____
Required:	MM / YY	_____	_____	N/A	N/A

5.3 Regarding all of the types of insurance to which this application form relates, AFTER ENQUIRY:

- are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 years, or
- are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above:  Yes  No

If the answer to the above is 'yes', then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.

## SECTION 6: DECLARATION

- I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me shall form the basis of any contract of insurance effected thereon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: _____	Full name: _____
Position held: _____	Date: DD / MM / YY



ADDITIONAL INFORMATION: