



## Architects Proposal Form

### IMPORTANT:

In this application:

**"You / Your"** refers to all firms to be insured under this arrangement, including any predecessor or previous business for which cover is required.

**"Firm"** means any business, whether a sole trader, partnership or company, limited in liability or otherwise.

**"Principal"** means any Director, Partner, Member or Sole Trader.

**"Senior Management"** includes all individuals who play significant roles in the making of decisions about how **Your** activities are to be managed or organised.

**"Fair Presentation"** means a presentation that:

- Clearly discloses every material circumstance that is known or ought to be known by **Your Senior Management** and those persons responsible for **Your** insurance or which is sufficient to prompt the insurer/s to ask appropriate questions. A circumstance is material if it would influence an insurer's judgement in determining whether to take the risk and, if so, on what terms.
- Discloses information in a manner that is reasonably clear and accessible; "data dumping" of large quantities of information with important matters hard to identify amongst the volume would not fulfil this requirement.
- Contains statements and facts that are true, accurate and given after undertaking a reasonable search, including consulting with **Senior Management** and those persons responsible for **Your** insurance.

**"MUM"** means Pen Underwriting Limited trading as Manchester Underwriting Management (**"MUM"**).

**You** owe a duty of disclosure to **Your** insurer/s. This includes a duty to make a **Fair Presentation** of the risk. **You** must disclose all material circumstances known to **Your Senior Management** and those persons responsible for **Your** insurance.

**Your** presentation and the answers to the questions in this form should relate to all work and for all firms for which cover is required - past, present and future. **You** should complete all sections of this form. Where a question is not relevant to **Your** business, please respond 'N/A'. The Application Form must be signed and dated by a **Principal** once completed. If you are in any doubt as to whether to disclose something then it is normally better to disclose it but **You** should consult your broker if **You** have any questions as to the presentation.

**You** must also disclose any changes to the presentation that occur prior to commencement of insurance, when it is renewed and at any time that it is varied.

Failure to make a **Fair Presentation** may lead to:

- The voidance of any insurance effected, resulting in no claims being met; or
- Different terms being imposed, which might mean an increased premium, excess or reduced cover; or
- The reduction of the amount of a claim payment.

#### **How does MUM maintain Your privacy?**

**MUM** is the data controller of any personal data **You** provide to **MUM**. **MUM** collects and processes personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop its products and services and to comply with its legal and regulatory obligations. This may involve sharing information with and obtaining information from **MUM's** group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, regulators or fraud prevention agencies.

**MUM** may record telephone calls to help it to monitor and improve the service provided as well as for regulatory purposes.

Please see **MUM's** Privacy Notice for further information on how **Your** personal data is used, shared, disclosed and retained, **Your** rights in relation to **Your** personal data and how to contact **MUM's** Data Protection Officer. **MUM's** Privacy Notice can be found at <https://www.penunderwriting.co.uk/Privacy-Policy>. **MUM** may make important updates to its Privacy Notice from time to time and these may in turn affect the way **MUM** uses and handles **Your** data. Please ensure **You** review **MUM's** Privacy Notice periodically to ensure **You** are aware of any changes.

If **You** are providing data in the course of **Your** business, or as a charity, for charitable purposes and providing information on other individuals to **MUM**, for example **Your** employees and/or any other party that would be covered under the insurance or services that **MUM** may provide to **You**, **You** shall ensure that individuals whose personal data **You** are providing to **MUM** have been provided with fair processing notices that are sufficient in scope and purpose, and that **You** have obtained all appropriate consents, where required, or are otherwise authorised, to transfer the personal data to **MUM** and enable **MUM** to use the personal data and process the personal data for the purposes of this agreement and as set forth in **MUM's** Privacy Notice. **You** must not share personal data with **MUM** that is not necessary for **MUM** to offer, provide or administer its services.

1) Please provide full trading names of all **Firms** to be insured under this arrangement (**You/Your**):

Name(s)	Date Established

2) Please provide **Your** website address:

3) Please provide all addresses:


4) If cover is required for **Your** previous business (predecessor practices), please provide full details below:

Name(s)	Start Date	End Date	Reason for winding up/leaving

5) If any of the **Principals** require cover for any previous professional business activity not covered elsewhere, please provide details below:

Name of <b>Principal</b> to be covered						
Name of previous <b>Firm</b>						
Period at previous <b>Firm</b>	From:		From:		From:	
	To:		To:		To:	
Fees for last 3 years of trading	Year	Total	Year	Total	Year	Total
Position held at previous <b>Firm</b>						
Reason for leaving						

6) Do **You** have any association with or financial interest in any other **Firm**?

☐

Yes

☐

No

If YES, please provide full details below of the nature of the association and the name and business of the third party:


**7) Please supply details of all Principals:**

Name	Age	Qualifications	Date Qualified	Date of Engagement

**8) Please supply details of total numbers of staff:**

Principals	Qualified Staff	Unqualified Staff	Others

9) Have **You** furloughed any staff or otherwise reduced staff numbers in the past 12 months? If YES, please give full details below.

☐ Yes ☐ No

10) Has any **Principal** ever been convicted of a criminal offence or are any charges/prosecutions pending (excluding minor motoring offences), or been investigated/reprimanded/disqualified by their professional body or any regulator? If YES, please provide full details below:

☐ Yes ☐ No

11) Please provide full details if any **Principal** has been made personally bankrupt or has been associated with any business which has ceased trading, either voluntarily or compulsorily:

**12) Please provide details of **Your** current Professional Indemnity insurance arrangements below:**

Current Insurer	
Current Broker	
Policy Renewal Date	
Limit of Indemnity	
Excess	
Premium	
If <b>You</b> currently have Professional Indemnity coverage in force, please advise the retroactive date, if any:	
Date	

**13) Please provide a breakdown of turnover/fees generated for each of the last 5 financial years and an estimate for the current/next Financial Year.**

Year End	/ /	/ /	/ /	/ /	Last complete year / /	N/Y Estimate
Work in UK						
Work in EU						
Work in USA/Canada						
Work elsewhere						
Total						

**14) Please provide a breakdown of **Your** activities and percentage of income generated for each discipline:**

Architectural Work (excluding non-structural refurbishment)	%
Non-structural Refurbishment	%
Town Planning/Feasibility Studies	%
Architectural Consultancy	%
Interior Design	%
Landscape Design	%
Quantity Surveying	%
Other (please provide full details below)	%
Total	%

**15) Please provide a breakdown of contract types described below and percentage of income generated for each:**

Commercial Schemes	%
Retail Works	%
Industrial Works	%
Churches/Cathedrals	%
Private Sector Individual Houses	%
Private Sector Housing (including Housing Associations)	%
Public Sector Hospitals	%
Private Sector Hospitals	%
Public Sector Education	%
Private Sector Education	%
Bridges/Tunnels/Dams	%
Basements	%
Highrise Works (exceeding 6 storeys or 20m)	%
Other works (please provide full details below)	%
Total	%

16) What percentage of **Your** income in the past financial year derived from aborted work?

%

17) Do **You** anticipate professional activities/services provided will change over the forthcoming twelve months? If YES, please give full details below.

☐ Yes ☐ No

18) Are **You** involved in the process of manufacturing, construction, alteration, repair, installation, sale or supply of products, other than in pure design consultancy capacity? If YES, please give full details below

☐ Yes ☐ No

19) Have You undertaken any projects on buildings exceeding 6 storeys or 20m in height? If YES, provide details of 3 Highest Projects in last 5 years.

☐ Yes ☐ No

Start Date	End Date	Address	Height of Building	Total Contract Value	Your Contract Value	Role and Responsibilities

20) Have **You** ever been involved, directly or indirectly, in any project that involved any cladding system or cladding materials consisting in whole or in part of Aluminium Composite Material, Cross Laminated Timber, High Pressure Laminate Material or other combustible materials? If YES, provide details of 3 Highest Projects in last 5 years.

☐ Yes ☐ No

Start Date	End Date	Address	Height of Building	Total Contract Value	Your Contract Value	Role and Responsibilities

21) Have You ever undertaken any contracts involving a basement?

☐ Yes ☐ No

If Yes, provide details of 3 largest project including basements in last 5 years.

Start Date	End Date	Address	Property Type	New build on clear site or an existing structure?	Total Contract Value	Your Contract Value	Role and Responsibilities

22) Do **You** engage the services of sub-contractors?

☐ Yes ☐ No

If **YES**, please provide answers to the following, otherwise skip to the next question.

What percentage of fees/turnover was paid to sub-contractors during the last financial year? %

Do **You** always require **Your** sub-contractors to hold their own Professional Indemnity coverage and verify that it is in force? ☐ Yes ☐ No

If **YES**, please confirm the minimum limit **You** require them to maintain:

£

23) Please provide details of **Your** 5 largest contracts that have been completed in the past 6 years:

Client	Start Date	Description of Work	Total Contract Value	Your Fee	Completion Date

24) Please provide details of **Your** 5 largest contracts currently in hand.

Client	Start Date	Description of Work	Total Contract Value	Your Fee	Estimated Completion Date

25) Have **You** at all times used written agreements for each contract undertaken, which clearly outline the services to be provided? Can **You** confirm that all changes to the specifications or agreed deliverables will be and have always been confirmed in writing, explaining the cost changes and other implications?

☐ Yes ☐ No

If **You** have answered NO, please detail below what procedures are undertaken to ensure that any revised specifications/deliverables are agreed and understood by all parties:

26) Are all current projects on time and within budget and have all projects completed within the last 2 years been completed on time and within the agreed budget? ☐ Yes ☐ No  
 If NO, please give full details below:

27) Do **You** undertake any projects where construction is outside the United Kingdom? ☐ Yes ☐ No  
 If YES, please provide details of 3 largest projects below:

Country	Client	Start Date	Description of Work	Total Contract Value	Your Contract/Fee	Est. Completion Date
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28) Have **You** at any time entered into a contract that is subject to the laws of countries outside the United Kingdom? If Yes, please provide full details: ☐ Yes ☐ No

29) Have **You** ever entered into contracts on behalf of clients? ☐ Yes ☐ No

If YES, is written sign off for the contract terms always obtained from **Your** client prior to doing so? ☐ Yes ☐ No

30) Do **You** have an up-to-date Business Continuity Plan (BCP) as part of **Your** risk management process, including processes to allow staff adequately to work remotely? If NO, please describe how **You** will avoid problems in the event of **Your** business being disrupted: ☐ Yes ☐ No

31) If **You** are a Sole Practitioner, what arrangements have been made for attention to the business in the event of sickness or absence for any reason, whether planned or unexpected?

32) Do **You** use an electronic document management system throughout the business and is there remote access to all core systems? If NO, please describe what changes have been implemented to ensure that all information needed, such as files in relation to present or past work, whether electronic or paper, remains easily accessible at all times. ☐ Yes ☐ No



33) Please select the Limit of Liability <b>You</b> require quotations for.			
£250,000	<input type="checkbox"/>	£2,000,000	<input type="checkbox"/>
£500,000	<input type="checkbox"/>	£3,000,000	<input type="checkbox"/>
£1,000,000	<input type="checkbox"/>	£5,000,000	<input type="checkbox"/>
Other Limit of Liability			

34) What Level of Excess do <b>You</b> require?

35) Has any claim been made against <b>You</b> or any loss suffered by <b>You</b> , whether insured or not, in respect of any of the risks to which this proposal for insurance relates? If YES, please provide details below: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of Claim/ Loss	Details of Claim/Loss	Amount Paid	Date Settled	Outstanding Reserve

36) Are <b>You</b> aware of any of the following?	
Any circumstances which might lead to a claim against <b>You</b> , whether insured or not, in respect of any of the risks to which this proposal for insurance relates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any matter which might otherwise affect the consideration of this proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any application for similar insurance made on <b>Your</b> behalf or on behalf of any past or present <b>Principal</b> ever been declined, refused renewal, cancelled or accepted only on special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the above, please provide full details here:	

**DECLARATION**

I, being a signatory to this form, declare that the information in this form, together with any other information supplied, is a **Fair Presentation**. If the proposer is an organisation such as a company or Limited Liability Partnership, I make the declaration for and on behalf of the organisation (and I declare that I am duly authorised to do so).

If there is any material alteration to the facts and information which I have provided or any new material matter arises before the completion of the contract of insurance, I undertake to inform Underwriters.

**SIGNATURE**

Signed:

Printed Name:

Date: