

## Architects and Engineers Professional Liability Proposal Form

### I. Applicant Details

Name of Insured:	
Address(es):	
Web Site Address:	
Establishment Date:	

### II. Business Activities

2. Please state the following details:

Number of Partners/Directors/Principals: \_\_\_\_\_

Number of Architects: \_\_\_\_\_

Number of Engineers: \_\_\_\_\_

Number of Qualified Others (i.e. surveyors etc.): \_\_\_\_\_

Number of Non-Technical Staff (i.e. administration, clerical, typists etc.): \_\_\_\_\_

3. Please give the following details of all Partners/Directors/Principals:

Name	Qualifications	Years in Industry	Years as Partner / Director/Principal

*If a Partner/Director/Principal has been working in the relevant industry for less than 3 years, we will require a brief resume outlining career details.*

4. Please provide a full description of the activities of Insured:


5. Please state, during the past 5 years:

a) has the name of the Insured(s) been changed?  Yes  
 No

b) has any other business(es) been purchased, merged or consolidated with the Insured?  
 Yes  No

*If "yes", please provide details on a separate sheet.*

6. Please provide details of any major new operations undertaken during the last 12 months or planned for the next 12 months:

--

--

7. Please give names of any professional organisations or associations of which the Insured or principals are members:


8. Please indicate the type of professional services provided and the approximate percentage of each relative to the Firm's total gross fee income:

Activity/ Nature of Work	Percentage (%) of Fee Income
Architecture	
Interior Design	
Civil Engineering	
Electrical Engineering	
Mechanical Engineering	
Chemical/ Petrochemical Engineering	
Structural Engineering (including piling work)	
Nuclear Engineering	
Surveying (land)	
Surveying (building)	
Heating, Ventilation and Refrigeration	
Valuation	
Project Co-ordination	
Project Management	
Industrial Engineering/ Process Engineering	
Landscape Architecture	
Planning Supervision	
<b>Total</b>	<b>100%</b>

9. Please indicate the categories of clients handled and the approximate percentage of each relative to the Firm's total gross fee income/ gross turnover:

Activity/ Nature of Work	Percentage (%) of Fee Income
Government (Non-Military)	
Government (Military)	
Healthcare, Hospitals, Laboratories and Clinics	
Aerospace	
Manufacturing/ Industrial	
Other	
<b>Total</b>	<b>100%</b>

10. Please indicate the categories of projects handled and the approximate percentage of each relative to the Firm's total gross fee income/ gross turnover:

Activity/ Nature of Work	Percentage (%) of Fee Income
Housing – Individual low rise homes	
Housing – High rise buildings (more than 10 stories)	
Housing – Multi-unit low rise building developments	
Roads – Non-highway (single lanes)	
Roads – Highways (non single lanes)	
Bridges, Tunnels and Dams	
Railways, Airports and Harbors	
Sewerage and Water Schemes	
Urban Planning/ Infrastructure	
Industrial – Power Plants, Utility Plants and Manufacturing Plants, Refineries and Petro-Chemical Plants, Industrial System Build	

Hospitals/ Nursing Homes	
Schools and Universities	
Hotels and Recreation Facilities	
Other Activities, please advise:	
<b>Total</b>	<b>100%</b>

11. Please give the following fee income details:

Year	Hong Kong/China	USA/ Canada	Elsewhere
a) Previous Completed Financial Year			
b) Current Financial Year			
c) Estimate of Financial Year			

12. Please provide details of the 5 largest contracts you have carried out in the past 3 years:

Client Name	Nature and Period of Contract	Total Contract Value	Income

13. Is the Insured, or any partner or principal a member of a consortium, Joint Venture, or have any financial interest in any other firm?

Yes  No

*If "yes", please provide information about details of the work involved, the approximate percentage of the total fee income and information about how the liability is divided within the consortium/ Joint Venture.*

### III. Risk Management

14. a) Do you hold regular principal meetings?  Yes  No

c) Does legal counsel always review your contracts, including changes to standard contracts/ letters of engagement?  Yes  No

*If "no", please explain who can approve variations and under what circumstances contracts can be changed.*

d) Do you always use standard written contracts condition which clearly outlines the scope of your services?  Yes  No

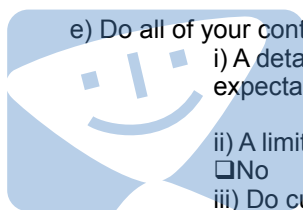
e) Do all of your contracts/ letters of engagement with your customers include the following:  
i) A detailed "scope of work", product specifications or other "performance expectations"?  Yes  No

ii) A limitation of liability for a fixed monetary amount?  Yes  No

iii) Do customers always sign the contract and its modifications?  Yes  No

f) Do you operate any Quality Assurance Systems?  Yes  No

*If "yes", please specify which Quality Assurance Systems you use.*



Smile

- g) Do you operate Continuous professional training for all qualified members of staff? Yes  
No

#### IV. Subcontracted Work And Procedures

15. a) Does the firm use sub-contractors? (sub-contractors includes any "outside consultants") Yes  
No

*If "no", please move to next section of this proposal form*

- b) If "yes" to question 15(a), does the firm always use written contracts with all sub-contractors?

Yes No

*If "no", please advise when and why exceptions are granted.*

- c) Do you insist that sub-contractors maintain their own professional liability insurance policy?

Yes No

*If "yes", what are the minimum limit of liability that you insist upon.*

*If "no", do you assume the full responsibility for the work carried out by subcontractors.*

#### V. Pollution Questionnaire

16. Do you undertake any of the following activities: Yes  
No

- a) Environmental Assessments/ Monitoring Yes  
No

- b) Survey or Valuation of Landfill Sites Yes  
No

- c) Survey or Valuation of property known to be polluted prior to the survey Yes  
No

- d) Design or supervision of remedial or clean up operations involving polluted or contaminated property

Yes No

- e) Management of property which is known to be polluted or contaminated Yes  
No

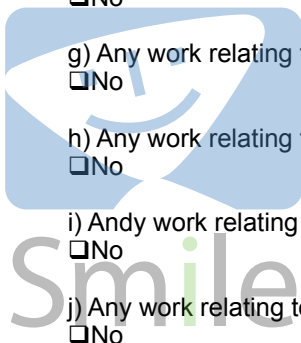
- f) Any contract relating to waste disposal, treatment or management Yes  
No

- g) Any work relating to air emission control systems Yes  
No

- h) Any work relating to industrial piping or process systems Yes  
No

- i) Any work relating to underground storage facilities Yes  
No

- j) Any work relating to hazardous chemical substances Yes  
No



## VI. Fraud & Dishonesty Coverage

17. If the Insured wishes to have coverage for Fraud/ Dishonesty, please complete the following:

a) Has the Insured(s) sustained any loss or claim through the fraud or dishonesty of any person?

Yes

No

If "yes", please specify


b) Is the Insured(s) aware of any allegation or occurrence of fraud or dishonesty at any time committed by any past or present partner, director or employee?

Yes No

If "yes", please give details and state precautions taken to prevent a reoccurrence.


c) Does the Insured(s) always require satisfactory references or only when engaging senior employees?

Always Senior

Appointments Only

Nature of Reference

Written

Verbal

d) Is any employee allowed to sign cheques on his/her signature alone for values exceeding US\$50,000?

Yes No

If "yes", please give details on a separate sheet.

e) How frequently are checks carried out on all entries in the cash book with paying-books, receipts, counterfoils and vouchers and reconciled with bank statements including the balance of cash and unpresented cheques, independently of employees receiving or banking monies, in respect of monies belonging to the Insured as well as in trust on behalf of others?

Weekly Monthly Quarterly Other

(please specify)

f) Are client funds kept in a properly designated client account which is separate from the bank account of the Insured?

Yes No

## VII. Insurance & Loss History

18. Is any partner, director or principal after inquiry aware of any claims ever been made against the Insured(s) or their predecessors in business or any of the present or former partners, directors or principals?

Yes No

19. Is any partner, director or principal after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Insured or their predecessors in business or any of the present or former partners, directors or principals?

Yes No

If you have answered "YES" to questions 18 or 19, then full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. **FAILURE TO DO SO COULD WELL PREJUDICE YOUR RIGHTS**, if a subsequently a claim should arise.

20. a) Please list out details of previous Professional Liability Insurance carried during the past

3 years.

If none, then please check here

Period	Insurer	Limit	Excess	Premium

b) Has any proposal for Professional Liability Insurance made on behalf of the Insured(s) or any predecessors in the business, or present partners/directors or principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed?

Yes No

If "yes", please advise reason(s).


c) Is the Insured currently insured under a Comprehensive General Liability, Contractor Pollution Liability and/or Umbrella Policy?

Yes No

If "yes", please give details:

Insurance Company	Type of Coverage	Limits BI/PD	Effective (From/To)

21. a) Please specify Limit of Liability desired:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_

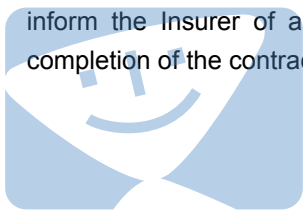
b) Deductible desired:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_

**SIGNING THIS PROPOSAL DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE**

### VIII. Declaration

I/We declare that the statements and particulars in this application/ proposal are true and that no material facts have misstated, misrepresented or suppressed after enquiry. I/ We agree that this application/ proposal, together with any other information supplied by me/ us shall form the basis of any contract of insurance effected between the Insurer and me/ us. I/ We undertake to inform the Insurer of any material alteration to those facts occurring before the renewal / completion of the contract of insurance.



Smile

Signed

Title

(to be signed by Partner/Director or Principal or equivalent)

Insured(s)

Date

## IX. Please Enclose with this Proposal Form

A Brochure (if available)  
Copy of Standard Contract Terms (if available)  
Copy of latest Financial Statement (if available)

### **AIG Insurance Hong Kong Limited**

46/F, One Island East  
18 Westlands Road  
Island East, Hong Kong

Tel: +852 3555 0000

Fax: +852 2147 1450

**NAVIGATOR**  
Insurance Brokers Ltd.

Unit 8E Golden Sun Centre 223 Wing Lok St Sheung Wan HK  
Tel. (852) 2530 2530 Fax (852) 2530 2535  
Email: [crew@navigator-insurance.com](mailto:crew@navigator-insurance.com)  
[www.navigator-insurance.com](http://www.navigator-insurance.com)

Architects and Engineers Proposal Form (Dec 2007)

Page PAGE 1 of 7

Architects and Engineers Proposal Form (Dec 2007)

Page PAGE 7 of 7

Smile



Smile