



**AIKEN & COMPANY (INSURANCES) LTD** COMMERCIAL INSURANCE BROKERS

**AIKEN UNDERWRITING AGENCIES** DIRECT ACCESS TO LLOYDS & LONDON MARKETS



### **IMPORTANT NOTICE REGARDING COMPLETION OF THIS ARCHITECTS PROPOSAL FORM**

#### **1. Disclosure**

- Any 'material fact' must be disclosed to Insurers.
- A 'material fact' is any information which may alter the judgment of an Insurer in assessing a risk.
- Any 'material change' must be disclosed to Insurers.
- A 'material change' is any information which may alter the judgment of an Insurer of their perception of risk and exposure that has not previously been disclosed as a material fact.  
**(If you are unsure whether a fact of change is material or not, you should disclose it.)**

**Failure to provide all 'material facts' and / or notify all 'material changes' may cause the contract of insurance to be void and may result in Insurers repudiating liability entirely.**

#### **2. Presentation**

- This Proposal Form must be completed in ink by an authorized individual, a partner, principal or director of the proposer.
- All questions must be answered. If not applicable, state N/A.
- If there is insufficient space to provide answers additional information should be provided on the proposer's letter-head paper.
- Where available brochures, standard contract conditions, conditions, agreements and letters of appointment should be provided.

**Failure to present Insurers with information in an appropriate manner may adversely influence the ability of Insurers to offer terms.**

**7B, THE ANCHORAGE, CHARLOTTE QUAY, DUBLIN 4 TEL: 01 667 2644 FAX: 01 667 2699**

[www.aikenco.ie](http://www.aikenco.ie) [www.aikenunderwritingagencies.ie](http://www.aikenunderwritingagencies.ie)

Aiken & Company (Insurances) Ltd T/A Aiken Underwriting Agencies/AUA is Regulated by the Central Bank of Ireland  
Directors: P.J. Aiken, Cara M. Aiken LLB (Hons), William Irwin (CEO)

Member of  
Irish Brokers  
association 

**Business Details**

**1. Name of firm / individual to be covered:**

**2. Establishment year:**

**3. Main address**

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.....  
.....  
.....  
.....

Telephone:

Fax number:

Email address:

Website address:

List all other locations by town and country:

.....  
.....

**4. Additional facts:**

Have there been any changes in name / business purchased or any merger / consolidation during the past 6 years?

..... Yes      ..... No

Is cover required for any predecessor / ceased firm?

..... Yes      ..... No

**If applicable, please complete the following:**

**a) Details of changes in name:**

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.....

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**b) Name of predecessor / ceased firm(s)**

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**c) Please advise the establishment / cessation date of the predecessor / ceased firm(s):**

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**5. Risk Management**

Is any partner, director or employee allowed to sign cheques over €25,000 as a sole signatory?

..... Yes      ..... No

Does the firm have a formal risk management strategy?

..... Yes      ..... No

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**If applicable, please complete the following:  
Circumstances for allowance of sole signature:**

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.....

**6. Does the firm have overseas exposure?**

USA / Canada .....

EU (excl ROI) .....

Channel Islands / Isle of Man .....

Rest of the world .....

None .....

**7. Financial Information**

Financial Year Status	Previous	Previous	Last Completed	Current (Estimate)
Financial Year End (dd/mm/yyyy)				
Total Gross Fees / Turnover				
Percentage of Total Gross Fees / Turnover (USA / Canada)	%	%	%	%
Percentage of Total Gross Fees / Turnover (EU excl UK)	%	%	%	%
Percentage of Total Gross Fees / Turnover (rest of world)	%	%	%	%
Number of Clients				

If applicable, please complete the following:

Financial Year End	Type of Work (USA / Canada)

Financial Year End	Type of Work (EU Excluding ROI)

<b>Financial Year End</b>	<b>Other Overseas Countries Involved</b>	<b>Type of Work (Rest of World)</b>

Please complete the following:

<b>Financial Year Status</b>	<b>Previous</b>	<b>Previous</b>	<b>Last Completed</b>	<b>Current (Estimate)</b>
<b>Financial Year End (dd/mm/yyyy):</b>				
<b>Fees Paid to Independent Specialist Consultants:</b>				
<b>Fees arising from work that has been aborted or held over where there is no likelihood of future construction:</b>				

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**Activity Profile – Architects**

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**8. Working Environment**

Bridges and / or Tunnels	%
Dams	%
Mines	%
Harbours or Jetties	%
Sewerage Schemes	%
Foundations and Underpinning	%
Water Schemes	%
Nuclear or Atomic Projects	%
Chemical, Petro-Chemicals and Refineries	%
Housing Schemes (2 – 3 floors)	%
High Risk Building	%
Schools, Hospitals, Municipal Buildings	%
Commercial / Industrial Systems Buildings	%
Mechanical Plant and Bulk Handling Equipment	%
Leisure Centres	%
Swimming Pools	%
Churches / Ecclesiastical	%
Roads / Highways / Motorways	%
Cladding / Glazing / Curtain Walling	%
Roofing	%
Airports	%
Railway	%
Amusement Parks	%
Aviation / Automotive / Military / Marine	%
Demolition	%
Flooring	%
Other (Please advise):	%
<b>TOTAL:</b>	<b>100%</b>

If applicable, please provide details of 'Other work':

.....

.....

**9. Type of Work:**

	<b>UK</b>	<b>Overseas</b>
Adjudicator / Arbitrator	%	%
Architectural services defined in work stages C-L of RIBA Architects appointment	%	%
Building Surveying	%	%
Consultancy Engineering – Civil	%	%
Consultancy Engineering – Structural	%	%
Consultancy Engineering – Environmental	%	%
Consultancy Engineering – Geotechnical	%	%
Consultancy Engineering – Mechanical	%	%
Consultancy Engineering – Electrical	%	%
Consultancy Engineering – Heating & Ventilation	%	%
Expert Witness	%	%
Feasibility Studies	%	%
Interior Design	%	%
Landscape	%	%
Non Structural Refurbishment	%	%
Town Planning / Consultancy	%	%
Planning Supervisor	%	%
Project Co-ordination	%	%
Project Management	%	%
Quantity Surveying & Surveying not listed above	%	%
Structural Surveys / Reports / Valuations	%	%
Other Work (please provide full details)	%	%

If applicable, please provide details of 'Other work':

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**10. Additional Facts:**

Is the firm aware of any changes in activities or structure occurring in the coming financial year?	..... Yes	..... No
Are specialist consultants appointed directly by and paid by your client?	..... Yes	..... No

If applicable, please complete the following:  
 Details of changes in activities or structure:

.....  
 .....

**11. Projects** – Please give details of your largest 3 projects in the last 3 years:

Country	Start Date	Completion Date	Type of Project	Name of Contract	Total Contract Value	Total Fee Income Retained

**Staff**

**12.**

- i) Number of partners / directors .....
- ii) Number of qualified employees .....
- iii) Number of unqualified employees .....
- iv) Do you use subcontractors? ..... Yes ..... No

**Additional Facts –**

Do any unqualified (relevant body) and inexperienced (<5 years) employees perform structural surveys / valuation reports?	..... Yes	..... No
Does the firm or any Principal, Partner or Director have an association with or financial interest in another practice, company or organisation?	..... Yes	..... No
Is the firm or any Principal, Partner or Director a member of a consortium, joint venture, single project partnership, group practice?	..... Yes	..... No

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**13. Partners / Directors**

Name	Qualifications	Date Qualified	Year Appointed Partner/Director of this Firm	Year Ceased Employment at this Firm

a) Is cover required for any partner or director for liability arising out of previous contracts/ employment? ..... Yes ..... No

If YES, please answer the following:

Name	Name of Previous Firm	Year of Joining Previous Firm	Year of Leaving Previous Firm

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**14. Subcontractors**

a) Do you ensure that any sub-contractors you engage carry professional indemnity insurance?

..... Yes      ..... No

i) Limit of indemnity

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b) Fees paid to sub-contractors

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c) Details of work carried out

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**Insurance Coverage**

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**15.**

a) Limit of indemnity required:

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b) Has the firm, or any partner / director previously had insurance declined, cancelled, void or renewal refused?

..... Yes      ..... No

c) Please provide details of your current insurance below

Name of current insurers:

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Excess:

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Premium:

.....

Renewal Date:

.....

Number of years continuously insured to date:

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Retroactive Date:

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**Claims**

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**16. Claims Information**

Have there been any claims made against the firm's business or any partner, Director or employee during the last 10 years?	..... Yes	..... No
Is the firm aware of any circumstances which may give raise to a claim against the firm or present, former partners, directors or employees?	..... Yes	..... No

If you answered **"yes"** to any of the above, please provide full details including any paid / reserves on the circumstances / claims or alternatively please provide formal claims summaries from previous Insurance Brokers / Insurers prior to being insured through Aiken & Company (Insurances) Ltd;

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**DECLARATION**

I/We confirm that I/We have checked the information provided in this proposal form and I/We declare that the statements and particulars contained within this proposal form are true, full enquiry having been made.

I/We have not omitted, suppressed or mis-stated any material facts which may be relevant to Insurers' consideration of this proposal form.

I/We undertake to inform the Insurer of any change to any material fact that occurs prior to the point at which the insurance contract has been agreed.

I/We understand that the information provided in this proposal form will be used in deciding the price charged by the Insurer for the risk and whether the Insurer will accept the application and the terms of any policy provided.

I/We understand that if my/our Practice acquires, merges with or absorbs another Practice during the period of insurance, insurers will require similar information in relation to that Practice and may charge an additional premium.

**PRINT NAME:** .....

**SIGNATURE (PARTNER / DIRECTOR):** .....

**ON BEHALF OF:** .....

**DATE:** .....

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**Please note, if you wish to submit your form via email, an indication of terms and conditions may be provided on the basis of this proposal questionnaire. An original signature is required before a contract of insurance can be made. Encrypted signatures are not acceptable.**

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Signing this form does not bind the Firm to complete the insurance. If you should arrange a policy through us which is subsequently transferred to another agency please note that we reserve the right to charge a fee for future claims handling work after the cessation of our appointment.

We recommend that you keep a record of all information supplied to us, including copies of letter and this proposal form, for the purpose of entering into this contract.

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