PLEASE PRINT THIS FORM AND SIGN IT BEFORE SENDING BACK TO OAKWELL.

					Date Commenced
Is cover required for prede	cessor practic	es to the Propo	ser/s?		
		YES 1	4O		
IF YES, please provide fu	ll details:				
Name of Predecessor	Date	Commenced	Date Co	eased	Reason for Cessation
_					
				T =	
Name in full of all Principal	ls	Qualificat	ions	Date Qualified	How long as a Prine with Proposers
T			D.	210	
Is cover required for the pr				ipal?	
Is cover required for the pr			any Princ	ipal?	
Is cover required for the pr IF YES, please state:				ipal?	
IF YES, please state:				ipal?	
IF YES, please state: Name of Principal				ipal?	
IF YES, please state: Name of Principal Name of Previous Firm		YES 1	NO		From
IF YES, please state: Name of Principal Name of Previous Firm Period	From		From To	ipal?	From / / To / /
IF YES, please state: Name of Principal Name of Previous Firm Period	From To £	YES 1	From To		To / /
IF YES, please state: Name of Principal Name of Previous Firm Period Fees for Last 3 Yrs	From	YES 1	From To		To / /
IF YES, please state: Name of Principal Name of Previous Firm Period Fees for Last 3 Yrs Reason for Leaving	From To £	YES 1	From To £		To / / £ £
IF YES, please state: Name of Principal Name of Previous Firm Period Fees for Last 3 Yrs Reason for Leaving	From To £	YES 1	From To £		To / / £ £
	From To £	YES 1	From To £		To / / £ £

5)	PROFESSION/BUSINESS of the F	Proposer/s:		
	NOTE: If you act as planning/site su this activity is included in this business.	ipervisor in ess descripti	accordance with CDM Ron.	egulations you must ensure that
6)	ADDRESS/ES of Proposer/s All addresses must be shown togethe	er with the P	rincipal responsible for t	he work at each office:
	Address		Principal in cl	harge
7)	DO NOT ANSWER IF THIS IS A	RENEWA	L PROPOSAL:	
	Name of Current Insurers			
	Name of Broker			
	Renewal Date Limit of Indemnity			
	Premium			
	Excess			
8)	Is cover required for any past Partner	r or Principa	d?	
	ı	VEC	NO	
	l	YES	NO	
	IF YES, please state:			
	Name		Qualifications	How long with Proposer/s
9)	Please state total numbers of:			
	Principals		Draughtsmen	
	Qualified staff		Trained staff	
	Others			
10)	Do you require any sub-contractor to	be indemni	ified under your insurance	e arrangements?
		YES	NO	
	IF YES, please state:			
	Name		Qualifications	Fees paid (last financial year)

11) State for th	e whole Pro	poser/s
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(a) Gross fees received for each of the last five financial years:

				Last Year	Current Year	Next Year Estimate
Year End	/ /	/ /	/ /	/ /	/ /	/ /
UK Work	£	£	£	£	£	£
Overseas	£	£	£	£	£	£

(b) Split of Gross Fees in the last complete financial year:

	UK Work	Overseas
Architectural work stages C to L - new build	£	£
Architectural work stages C to L - non-structural refurbishment	£	£
Town Planning/Feasibility Studies	£	£
Architectural Consultancy	£	£
Interior Design	£	£
Quantity Surveying	£	£
Other Surveys	£	£
Purchase or Lending Valuations	£	£
Fees paid to independent consultants	£	£
Other work (give details)	£	£
TOTAL GROSS FEES	£	£

nning/Feasibility Studies	£	£
ural Consultancy	£	£
Design	£	£
	£	£
	£	£
	£	£
	£	£
rk (give details)	£	£
GROSS FEES	£	£
	nths:	
å.		
Aborted work where no building resulted	9/	6
work where there was no responsibility to in	spect 9	0
of the total gross fees for the last complete financi Public Sector Schools or Universities Private Sector Schools or Universities Public Sector Hospitals Private Sector Hospitals Other Healthcare Public Sector Housing (including Housing Associa Private Sector Housing Schemes Private Sector Individual Houses Churches/Cathedrals Industrial Retail Commercial Schemes	al year:	% % % % % % % % % % % % % % % % %
Other (if over 10% give details)		%
Number of storeys in highest block completed dur		.00%
	rural Consultancy Design Surveying Surveying Or Lending Valuations Ito independent consultants rk (give details) GROSS FEES Total Building Values certified in the past 12 mon £ Aborted work where no building resulted Work where there was no responsibility to in Please give the approximate percentages applicable of the total gross fees for the last complete financi Public Sector Schools or Universities Private Sector Hospitals Private Sector Hospitals Other Healthcare Public Sector Housing (including Housing Associate Private Sector Housing Schemes Private Sector Individual Houses Churches/Cathedrals Industrial Retail Commercial Schemes Other (if over 10% give details)	rural Consultancy Design Surveying Exercises For Lending Valuations Exercises It of independent consultants It is ind

14)			er/s now or has the		in the past	undertak	ten any services which	h may create a
				YES	NO)		
	IF Y	ES, please a	sk for a suppleme	entary enviro	onmental q	uestionna	iire.	
15)	(a)		give details of the				nstruction has comme	enced during the
Start Date	De	escription		Total Con Value	itract	Extent	of Service	Approximate Completion Date
1				Value				Completion Date
2								
3								
4								
5								
	(b)		give details of the months:	ree largest co	ontracts wh	nere const	truction is expected to	o commence in the
Start Date	D	escription		Total Con Value	ntract	Extent	of Service	Approximate Completion Date
1								•
2								
3								
16)		he Proposer, d Kingdom		dertaken any	y work who	ere the "e	nd product" is situate	ed outside the
				YES	NO)		
	(a)	IF YES	S, please give the	following de	etails:			
Country	St	art Date	Description		Total Co Value	ontract	Approximate Completion Date	Services Provided
	(b)	Does th	ne Proposer/s wor	k other than	from its U	K offices	3?	
				YES	NO)		
	(c)	Has the courts?	-				nan under the jurisdic	tion of the UK
				YES	NO)		
			S to either (b) or (a sepa		se provide	full detai	ls listing jurisdiction	and amount of

17)	(a) Is the Proposer/s or has the Proposer/s been a member of a consortium or group practice or engaged with any other party in a Single Project Partnership?					
		YES NO				
		IF YES, please give full details (including names of other parties) special arrangements must be made to cover this type of work				
	(b)	Does the Proposer/s or any Principal have any association with or financial interest in any other Practice, Company or Organisation?				
		YES NO SECTION NO SECT				
	(c)	Is the Proposer/s or any Principal or any related organisation engaged (either themselves or through sub-contractors) in:				
		 (i) Actual construction, fabrication or erection (ii) Property Development (iii) The manufacture, sale, leasing or distribution of any product or process 				
		YES NO IF YES, please give full details:				
18)	Do you	require insurance for:				
	Loss of D	ocuments YES NO Limit £				
	Dishonest Libel & S	y of Employees YES NO lander YES NO				
		Warranties, Duty of Care Agreements etc YES NO				
		olicies give this cover automatically; Collateral Warranties, Duty of Care Agreements etc especial attention and should be discussed with your Broker.				
19)	(a)	For what Limit/s of Indemnity are quotations required?				
	(b)	There will be a minimum level of uninsured excess. Is a quotation required with a voluntary excess to achieve a premium saving? If so, for what level of excess?				

20)	(a)	In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?
		YES NO
	(b)	Has any loss been suffered by the Proposer, any predecessor or any past or present Principal in respect of ANY of the risks to which this proposal relates?
		YES NO
		IF YES, please give details:
Date of claim/l		Brief details of each claim/loss Cost of claim/loss Estimated cost of claim/loss outstanding
	(c)	What steps have been taken to prevent a recurrence?
21)	Is any	y Principal, AFTER FULL ENQUIRY , aware of any circumstance which might:
	(i)	give rise to a claim against the Proposer, any predecessor or any past or present Principal?
		YES NO
	(ii)	cause any loss to the Proposer, any predecessor or any past or present Principal?
		YES NO
	(iii)	Has any proposal for similar insurance made on behalf of the Proposer or any of the present or past partners, directors or principals, or on behalf of any predecessor to the Proposer ever been declined or has any such insurance ever been cancelled or renewal refused?
		YES NO
	(iv)	otherwise affect the consideration of this proposal for insurance?
		YES NO
		IF YES to any of these, please give details:

Please read this paragraph carefully before signing the declaration:

It is essential that every Proposer or Assured when seeking a quotation to take out or renew any insurance discloses to the prospective Underwriters all material facts and information (including all material circumstances) which might influence the judgement of an Underwriter in deciding whether to accept the risk and on what terms. The obligation to provide this information continues up until the time that there is a completed contract of insurance. Failure to do so entitles the Underwriters, if they so wish, to avoid the contract of insurance from inception and so enables them to repudiate liability thereunder. If you have any doubt as to what constitutes a material fact or circumstance please do not hesitate to ask for advice.

DECLARATION

I/we declare that, after full enquiry, the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance which may be effected. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the completion of the contract of insurance, I/we undertake to inform Underwriters.

Signature of Principal:	

Dated:

A copy of this proposal should be retained by you for your own records.

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION