



**Building Energy Rating Assessors
&
Associated Consultants
&
Contractors**

PROPOSAL FORM

Once completed, please sign & return together with any additional information and attachments to:

**Professional Indemnity
86 South Main Street
Wexford**

**Tel: 0818: 31 30 30
Fax: 053: 912 39 22**

**E-Mail: info@professionalindemnity.ie
Web: www.professionalindemnity.ie**



BUILDING ENERGY RATING ASSESSORS & ASSOCIATED CONSULTANTS / CONTRACTORS
PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED AND IN BLOCK CAPITALS

IMPORTANT MESSAGE
THIS PROPOSAL MUST BE SIGNED BY A PARTNER OR DIRECTOR OF THE BUSINESS. ALL QUESTIONS MUST BE ANSWERED AND ADDITIONAL INFORMATION PROVIDED WHEN REQUESTED TO ENABLE A QUOTATION TO BE GIVEN. THE COMPLETION AND SIGNATURE OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR THE COMPANY TO COMPLETE A CONTRACT OF INSURANCE. PLEASE USE AN ADDITIONAL SHEET OF PAPER WHERE NECESSARY TO PROVIDE COMPLETE ANSWERS TO ALL QUESTIONS.

1. PROPOSERS DETAILS **ALL MONETARY AMOUNTS SHOULD BE STATED IN EURO**

Name of Firm/Partnership/Individual (including Trading and Business Name): Date of commencement of the firm:

2.

a) Address (registered office and branches):

b) Is a Partner/Director/Principal in full-time attendance at each address? Yes No

3.

Please give details of **all** activities undertaken and any intended change (**PLEASE SUPPLY BROCHURE IF AVAILABLE**):

4.

Please give the percentage split of fee income between the various activities and any intended change therein:

Activities	% of Income
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>



5.

PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED AND IN BLOCK CAPITALS.

Has the Firm/Partnership been reconstituted in any way by amalgamation, acquisition, merger or otherwise, or has the name been changed?

Yes No

IF "YES" PLEASE PROVIDE DETAILS:

(N.B. Acquisitions And Mergers Are Not Automatically Included And Coverage Must Be Requested. Please State Name of Predecessor Firm/Partnership For Which Cover Is Required As Well As Dates Of Operation.)

6.

a) Is all your business conducted from offices in the Republic of Ireland?

Yes No

IF "NO" PLEASE PROVIDE DETAILS:

b) Is the business represented in any way in Canada and/or the USA or its territories and possessions?

Yes No

IF 'YES', PLEASE PROVIDE DETAILS:

7.

Names in full of all Partners/Directors/ Principals

Qualifications & Date Obtained

Length of time practicing as Partner/etc in this firm.



8. PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED AND IN BLOCK CAPITALS.

Do you require cover for the previous business activities of any Partner/Director/Principal? Yes No

IF 'YES', PLEASE PROVIDE DETAILS:

9.

Does the Firm/Partnership or any Partner/Director/Principal have a Partnership or Directorship or have a financial interest in any other Firm/Partnership or Company (other than as shareholders or stockholders in a publicly quoted company)? Yes No

IF 'YES', PLEASE GIVE NAME OF FIRM/PARTNERSHIP OR COMPANY, SPHERE OF OPERATION AND BUSINESS DERIVED FROM THE FIRM/PARTNERSHIP OR COMPANY. STATE ALSO IF IT IS ASSOCIATED WITH ANY PROCESS OF MANUFACTURE, CONSTRUCTION, ERECTION OR INSTALLATION OR ANY OTHER FORM OF CONTRACTING OR SUPPLY:

10. STAFF

a) **Qualified:** Staff (Excluding Partners):

Unqualified: Staff (Excluding Partners):

Full-Time	Part-Time	Full-Time	Part-Time

Do you retain the services of any self-employed person? Yes No

IF 'YES', PLEASE PROVIDE DETAILS:



11.

PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED AND IN BLOCK CAPITALS.

Please state total income in Euro (including those paid to sub-contractors) generated from:

	Last complete year	Current Year Estimate
Republic of Ireland/UK/Channel Islands/Isle of Man	€ <input type="text"/>	€ <input type="text"/>
USA/Canada	€ <input type="text"/>	€ <input type="text"/>
Elsewhere	€ <input type="text"/>	€ <input type="text"/>
TOTAL:	€ <input type="text"/>	€ <input type="text"/>

Specify your Financial Year End:

Is the rateable fee income declared for any one particular client or group more than 20% of the total declared fee income for the past financial year?

Yes No

IF 'YES', PLEASE PROVIDE DETAILS:

12. SUB-CONTRACTORS

(a) Please state gross fees in Euro paid to sub-contractors:

(b) Last complete year Current year estimate
€ €

(c) PLEASE PROVIDE BRIEF DETAILS (ON HEADED PAPER) OFF SUB-CONTRACTED WORK.

(d) Are sub-contractors required to carry Professional Indemnity Insurance? 3.

Yes No

(e) What is the limit of indemnity provided by that insurance?

€

(f) Are terms of engagement or is a written contract always agreed and signed by sub contractors and suppliers so that they accept full responsibility of their own professional neglect, error or omission?

Yes No



13.

PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED AND IN BLOCK CAPITALS.

State the three largest sources of business during the past three years:

CLIENT	CLIENT INDUSTRY	NATURE OF CONTRACT	FEE IN EURO
			€
			€
			€

14.

Are terms of engagement or is a written contract always agreed and signed prior to commencing work for a client?

Yes No

PLEASE SUPPLY COPIES OF STANDARD CONTRACTS OR TERMS USED.

15.

a) Does the Proposer always obtain satisfactory references from former employers for the three years immediately preceding the engagement of any employee responsible for money, accounts or goods?

Yes No

b) Is any individual authorised to sign cheques as a sole signatory in respect of either the business or clients' accounts?

Yes No

c) Has the business recently discharged any employee or severed relationships with any partner or director within the past twelve months?

Yes No

d) Has the Firm/Partnership sustained any loss through the fraud or dishonesty of any Partner/Director/Principal or employee at any time?

Yes No

IF THE ANSWER IS 'YES' TO b) OR c) OR d) ABOVE, PLEASE GIVE DETAILS ON A SEPARATE SHEET

16.

During the last 10 years has any Insurer of this proposed type of insurance in respect of the Firm/ Partnership, its current Partners/Directors/Principals and/or its former Partners/Directors/Principals and or its predecessors in business ever:

a) Declined to Insure?

Yes No

b) Imposed special terms?

Yes No

c) Cancelled or voided a policy?

Yes No

d) Requested the withdrawal of a claim?

Yes No

IF ANY ANSWER IS 'YES', PLEASE GIVE FULL DETAILS ON A SEPARATE SHEET



17.

PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED AND IN BLOCK CAPITALS.

Has any Partner/Director/Principal or employee ever been convicted of a criminal offence?

Yes No

IF THE ANSWER IS 'YES', PLEASE GIVE FULL DETAILS ON A SEPARATE SHEET

18.

a) Have any claims or potential claims been made against the Firm/Partnership, their predecessors in business, or any of the present Partners/Directors/Principals or to the knowledge of the Firm/Partnership, against any past Partners/Directors/Principals?

Yes No

b) Is any Partner/Director/Principal aware, **after enquiry**, of any circumstances which may result in any claims being made against the Firm/Partnership, their predecessors in business or any of the present or past Partners/Directors/Principals?

Yes No

IF 'YES' IS ANSWERED TO a) OR b) ABOVE, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET INCLUDING STEPS TAKEN TO PREVENT A RECURRENCE

19.

a) Since what date have you had Professional Indemnity cover?

b) If there were any gaps in cover since then, please state for which period(s):

c) If this is the first time the Firm/Partnership has applied to effect Professional Indemnity insurance, do you require cover for claims arising from work carried out prior to inception of the policy?

Yes No

IF 'YES', PLEASE STATE SINCE WHAT YEAR COVER IS REQUIRED:

20.

Name of Current Insurers:

Limit of Indemnity:

Insured's Contribution (Excess):

Premium:

Renewal Date:



21.

PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED AND IN BLOCK CAPITALS.

(a) What limit of indemnity do you require?

- € 1,000,000
 Other (please specify)

€

(b) What contribution (excess) do you wish to pay?

- € 3,250
 € 6,500
 Other (please specify)

€

DECLARATION

BEFORE SIGNING THIS DECLARATION PLEASE ENSURE THAT ALL QUESTIONS HAVE BEEN FULLY ANSWERED

I/We declare that the statements and particulars in this Proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the Contract of Insurance.

SIGNATURE OF PARTNER

DATE

NAME OF SIGNATORY (PLEASE PRINT)

A COPY OF THIS COMPLETED PROPOSAL FORM SHOULD BE RETAINED BY YOU/YOU'RE YOUR OWN RECORDS.
THE COMPANY RESERVES THE RIGHT TO REVIEW OR VOID COVER IN THE EVENT OF MIS-REPRESENTATION OR MIS-STATEMENT.