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Design and Construct Proposal Form

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Important Notice

This proposal must be completed and signed by a principal, partner, director of the proposer/s. The person completing and signing the form should be authorised by the proposer to do so and should make all reasonable enquiries to enable all the questions to be answered.

All questions must be answered to enable a quotation to be given.

Completing and signing this proposal does not bind the proposers or insurers to enter a contract of insurance.

If there is insufficient space to answer questions, please use an additional sheet and attach it to this form (please indicate section number).



1. Your business

Please provide the following details (including all trading names and subsidiaries):				
Name:				
Date of establishment:				
Website address:				
2. Address/es, including posto	ode/s	s, for all subsidiaries:		
3. Please supply details of all	princi	ipals, directors, partnei	rs:	
Name		Qualifications		How long with company
4. Please state total numbers	4. Please state total numbers of:			
Principals, directors, partners	Qu	alified staff	Administration	Others
5. Please state the name of ar	5. Please state the name of any professional body or trade association of which you are a member:			
Professional body:				
Trade association:				



6. Is cover required for the previous business activities of any principals, directors, partners?		Yes	No
If YES, please provide:			
Name of previous firm:			
Last year's fees:			
Reason for leaving:			
Position in firm:			
Is there separate insurance co stated above?	vering the activities of this firm for the period	Yes	No
7. Do you currently have a pr	rofessional indemnity policy in place?	Yes	No
If YES, please provide:			
Name of current insurers:			
Name of your broker:			
Renewal date:			
Limit of indemnity:			
Premium:			
Excess:			
Retroactive date:			
Do you or any of your princ with or financial interest in	cipals, directors, partners have any association any other practice, company or organisation?	Yes	No
If YES, please provide details of the nature of the association, together with the name of the business and activities undertaken:			



2. Professional Indemnity

1.	Do you use consultants/sub-contractors?	Yes No		
If Y	'ES:			
A)	What percentage of your fee income was paid to them in the last financial year?	%		
B)	What was the nature of the work undertaken?			
C)	Do you require cover for them under this policy?	Yes No		
D)	Do you require them to carry professional indemnity insurance to a similar limit?	Yes No		
If N	If NO to 1d, please provide details as to why not:			

2. Please state the firm's total gross turnover for the last five completed financial years:

Year ending	UK turnover	Overseas turnover
	£	£
	£	£
	£	£
	£	£
	£	£
3. Do you enter into contracts that a	re not subject to UK law?	Yes No

If YES, please provide details of which countries and jurisdiction:



4.	Profession / business of the firm/s:				
5.	Business activities split:				
A)	Please break your turnove	r down as follows:			
		Last financial	Year	Current financial	Year est
		UK	Overseas	UK	Overseas
i)	Turnover where the firm designs and constructs / installs from its own design and provides full technical supervision:	£	£	£	£
ii)	Fees where the firm provides design and technical services only (i.e. no construction or installation is undertaken by the firm):	£	£	£	£
iii)	Fees where the firm provides project management or supervision of construction / installation services only (i.e. no construction / installation is undertaken by the firm):	£	£	£	£
iv)	Turnover where the firm constructs / installs from others' design performed on behalf of the firm (i.e. where there is contingent design liability):	£	£	£	£
v)	Turnover where the firm constructs / installs from others' design and others' technical supervision:	£	£	£	£



vi) Other turnover not mentioned above (please give details) - these activities will not normally be covered:	£	£	£	£	
Total:					
B) If no turnover is declared i undertaken contracts with		ave you ever in the p	past	Yes	No
C) Does the turnover declare services?	ed in 5a vi. relate to	any advisory or des	sign	Yes	No
If YES, please provide details:			'		
6. Please complete your split	of activities for the la	st financial year:			
Architectural	Architectural %				
Civil engineering %					
Structural engineering %				%	
Mechanical engineering	Mechanical engineering %				%
Electrical engineering	Electrical engineering %				%
Heating & ventilation engineeri	ng				%
Chemical engineering					%
Soil engineering					%
Nuclear engineering					%
Surveying					%
Piling	Piling				%
Scaffolding			%		
Roofing / glazing					%



Cladding	%
Environmental engineering	%
Demolition	%
Basements	%
Swimming pools	%
Total:	100%

7. Please provide a split in work for the sectors below for the last financial year:

	Design and construction	Construction without design
Home building	%	%
Individually designed	%	%
Multiple low rise	%	%
High rise	%	%
Modular (repetitive design)	%	%
Public/Commercial Buildings	%	%
Hospitals / healthcare	%	%
Schools / universities / student accommodation	%	%
Offices / retail / warehouses	%	%
Hotels / hostels	%	%
Prisons	%	%
Engineering Construction	%	%
Highways / flyovers	%	%
Bridges / tunnels /dams / mines	%	%
Harbours / jetties / sea defences	%	%
Sewage / water schemes	%	%



Industrial	%	%	
Power / manufacturing plants	%	%	
Chemical / petrochemical / refineries	%	%	
Mechanical plant / bulk handling equipment / hoppers / silos	%	%	
Industrial building systems	%	%	
Nuclear / atomic	%	%	
All other (please give details)			
8. If there are activities in question 7	where you have declared no income	for the last financial year:	
A) Have you undertaken any of these activities in the past? Yes			
B) Do you intend to undertake any o	f these activities in the future?	Yes No	
If YES to any of the above, please pro	ovide details, including nature of activit	ies and income:	



Please give details of your fi question 10):	ve largest contracts in the last five financial years (If new start-up, please complete
Largest contract	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
Second largest contract	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
Third largest contract	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
Fourth largest contract	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	



Income to you	
Fifth largest contract	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
10. Please provide details of the 12 months:	e three largest contracts where construction is expected to commence in the next
Largest contract	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
Second largest contract	
Start and end dates	
Nature of contract	
Name and business of client	
Total contract value	
Income to you	
Third largest contract	
Start and end dates	
Nature of contract	
Name and business of client	



Total contract value			
Income to you			
11. Has the proposer at any product is situated outside the	ime undertaken any work where the end ne UK?	Yes	No
If YES, please state the start and country:	d end dates, total contract value, your contrac	ct values, service provided and	
12. Are all projects carried out u	sing well established techniques?	Yes	No
If NO, please provide details:			
	ctual responsibility for cladding systems on schools, residential care homes, prisons, nodation, hotels or hostels?	Yes	No
If YES, please answer the follow	ing questions:		
i) Have you ever been inv	olved in high rise projects over 18 metres?	Yes	No
ii) Can you confirm that al cladding system) use combustible?	I cladding (including components within the ed on these projects has been non-	Yes	No
iii) Were specialist cladding	g contractors engaged?	Yes	No
iv) Did these specialist Professional Indemnity	cladding contractors have their own Insurance?	Yes	No
If NO to ii, please provide details	:		



Νo
Νo
Νo
No
No
7



Risk management

19. Are satisfactory written references obtained from former employers for at least three years prior to the engagement of any employee responsible for money, accounts or goods?	Yes	No	
20. Above what amount do payments require at least a two-stage sign-off?			
21. Do you hold client funds, or do you have client authority to agree and/or effect transfers or payments on their behalf from client funds or accounts?	Yes	No	
If YES:			
A) Do you ever act solely on e-mail instructions to transfer funds or make payments from client accounts without taking steps to independently verify the authenticity of the instructions and integrity of any bank account details provided prior to execution?	Yes	No	
B) Do you undertake to immediately implement procedures to ensure that there is such an independent verification process in place for all future transactions?	Yes	No	
C) What steps have you taken to ensure that the transaction has been complete	ed successfully?		
22. Do you always use a letter of engagement?	Yes	No	
If NO, please provide details as to why not:	Yes	INO	
, present present as to they have			
23. Please confirm the letter of engagement outlines:			
A) The scope of services to be performed?	Yes	No	
B) Any statement / assumptions upon which the letter of engagement is based?	Yes	No	
C) The responsibilities of the client?	Yes	No	
D) Any limitations / restrictions in respect of any services performed?	Yes	No	
E) The client signs the letter of engagement?	Yes	No	
	•		



F) You do not provide advice or services which fall outside the scope of the letter of engagement?	Yes	No
If NO to any of the above, please provide details:		
24. Do you commit clients to contracts with third parties?	Yes	No
If YES, do you always obtain clients written acceptance of the terms of contracts before committing them?	Yes	No
If NO, please explain why not:		
25. Has any person for whom insurance is now sought ever been the subject of a disciplinary proceeding taken by any regulatory body, professional organisation or trade association?	Yes	No
If YES, please provide details:		
26. Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been declined, cancelled, refused or had special terms applied?	Yes	No
If YES, please provide details:		



27. Is there any other information that you consider material to the insurance required?			Yes	No
If YES, please provide deta	ils:			
20 For what limits of inden				
28. For what limits of indemnity are quotations required?				
£250,000	£500,000	£1,000,000	£2,000,000	
£5,000,000 £10,000,000 Other £				

3. Cyber

1. Website:			
2. Ransomware Controls			
Do you allow remote access to your net	vork?	Yes	No
If YES, do you use MFA to secure all remote including any remote desktop protocol (RDP		Yes	No
B) Do you use MFA to protect all local an user accounts?	d remote access to privile	yed Yes	No
If the turnover is under £10M and limit required is £1M or lower, please move onto section 5. If above either thresholds, please answer Questions 3 and 4.			
Ransomware Controls (continued)			
A) Do you pre-screen emails for potentially malicious attachments and links? Yes			No
If YES, who is your email pre-screen provider:			
B) Can your users access email through corporate device?	a web application or a n	on- Yes	No
If YES, do you enforce Multi-Factor Authenti	cation (MFA)?	Yes	No
C) Do you use a next-generation antivirus endpoints across your enterprise?	(NGAV) product to protect	all Yes	No
If YES, who is your NGAV provider:			



D) Do you use an endpoint detection and response (EDR) tool that includes centralised monitoring and logging of all endpoint activity across your enterprise?		Yes	No
If YES, who is your EDR provider:			
E) Do you use MFA to protect all local and remo user accounts?	te access to privileged	Yes	No
Do you use a data backup solution that hat characteristics:	s all of the following		
 kept in a cloud service protected by MFA; 		Yes	NIa
2. runs daily; and		Yes	No
 can be used to restore essential network f after a widespread malware or ransomware 			
Phishing Controls Do any of your employees complete social engi	neering training?	Yes	No
If YES:			
A) does your social engineering training include phishing simulation?		Yes	No
B) do employees with financial or accounting responsibilities complete training?		Yes	No
C) do employees without financial or accounting responsibilities complete training?		Yes	No

4. Office Protect

1. Location of premises to be covered.

Location	Full address
1.	
2.	
3.	

Building

2.	2. Please confirm the following in relation to all premises:		
A)	Your business is the sole occupant of the premises	Yes I	No
B)	The entire building is used only for office-based activities	Yes I	No



C)	No licenced premises, commercial premises holding flammable liquids, gases or solvents, businesses utilising naked flames or heat, restaurants or takeaway establishments are attached to any premises to be covered	Yes No		
D)	 The premises are entirely constructed of Walls: Brick, Stone or concrete External covering of roof: Slate, tiles, concrete, metal, glass, asbestos 	Yes No		
E)	No part of the premises are listed by English Heritage or Cadw or Historic Scotland	Yes No		
F)	All premises are and will be maintained in a good state of repair	Yes No		
G)	All premises are not undergoing, nor will they be undergoing, any structural alterations or repairs and no planning permission is held or being sought to undertake any such alteration or repair	Yes No		
H)	All premises are not in an area prone to or with a history of flooding or potential flooding	Yes No		
I)	To your knowledge, the premises have never been flooded nor do they show signs of having been flooded	Yes No		
J)	All premises are not within 400 meters of any river, open body of water or the sea	Yes No		
If N	If NO to any of the above, please explain why not on a separate sheet			

Security

1.	Do all premises have a working intruder alarm system that is maintained every 12 months?	Yes No	í
2.	If yes, are all alarms linked to the police or an alarm monitoring centre?	Yes No	,

If NO to either of the above, please explain why not on a separate sheet

3. Please confirm you comply with the following minimum standard of security:

It is a condition precedent to the Insurer's liability for loss or Damage under Sub-Section 1 that the Insured shall have in place in full working order and in operation whenever the Premises are closed for business or left unattended the following minimum level of security or such level as is specified in the Schedule.

- A) the final exit door of the Insured's portion of the Buildings is to be fitted with either
 - for timber or steel framed doors a mortice deadlock that has 5 or more levers and matching box striking plate which conform to BS 3621 or
 - ii) for timber or steel framed doors a rim latch deadlock that conforms to BS 3621
- B) all other external doors and internal doors giving access to any part of the buildings not occupied by the Insured are to be fitted with either
 - i) as described in a) i. and ii. above or



- ii) 2 key-operated security bolts for doors fitted approximately 30cms from the top and bottom of the doors respectively
- C) aluminium or UPVC framed doors are to be fitted with integral cylinder key operated mortice deadlocks
- D) all ground floor and basement opening windows/skylights and other opening windows/skylights accessible from roofs decks balconies fire escapes canopies down pipes are to be fitted with key operated window locks. This requirement does not apply to windows/skylights which are protected by solid steel bars grilles gates expanded metal or weld-mesh securely fixed to the brickwork surrounding the window

Any door or window officially designated a fire exit by the fire authority is excluded from these requirements. These are to be secured internally by panic bolts or fire exit bolts. Any additional devices are to be approved by the local Fire Prevention Officer

Do all premises to be insured comply with the above minimum standard of security?	Yes No
If NO to the above, please explain why not on a separate sheet.	

Contents

Please confirm the replacement cost as new for each of the following categories:			
	Address 1	Address 2	Address 3
Contents	£	£	£
Tenant's Improvements	£	£	£
Stock, samples and goods held in trust	£	£	£
Documents £ £		£	
Computer Equipment	£	£	£
Portable Equipment (UK and EU)	£	£	£
Portable Equipment (Worldwide) £ £		£	
Other (please provide details) £		£	£
For any additional address/es, please supply the replacement cost as new for each of the above categories.			
2. Are there any interested parties in relation to the property to be Insured?			Yes No
If YES to the above, please explain on a separate sheet.			



Business Interruption

3.	Please confirm the Business	Interruption costs for each of the following categorie	es:
----	-----------------------------	--	-----

	Address 1	Address 2	Address 3
Loss of revenue	£	£	£
Increased cost of working	£	£	£
For any additional address/	es, please supply the Busine	ess Interruption costs for each	n of the above categories.

Please confirm your required maximum Indemnity period:

5. Management Liability

Directors and Officers (D&O) and Corporate Liability (CL)

Is the Proposer a UK / Irish registered private limited company?	Yes	No
Do the Proposer's latest annual report and accounts show a positive net worth and positive net income (after tax)?	Yes	No
If NO to questions 1 or 2 above please provide full details		
3. Do the business activities of the Proposer or its subsidiaries relate to ar	ny of the following:	
A) The provision of financial services and/or being authorised by either the Financial Conduct Authority or the Prudential Regulation Authority?	Yes	No
B) Professional legal advice?	Yes	No
C) Biotechnology, pharmaceuticals, healthcare / social care or childcare?	Yes	No
D) Aviation and Transportation?	Yes	No
E) Professional sports?	Yes	No
F) Travel and Leisure	Yes	No
G) General Retail	Yes	No



H)	Advertising	Yes	No
I)	Property Investment	Yes	No
J)	Oil, Gas or Mining	Yes	No
4.	In the next 12 months is the Proposer:		
A)	Aware of any proposal relating to its acquisition by another organisation; or	Yes	No
B)	Contemplating any offering or share issue?	Yes	No
5.	Does the Proposer have any subsidiary companies incorporated outside of the EU or Switzerland?	Yes	No
6.	Does the Proposer have any subsidiaries or assets in the USA or Canada?	Yes	No
7. A)	Do you currently hold a Management Liability (Directors & Officers) Policy?	Yes	No
B)	If Yes to a) please advise what the Prior & Pending Litigation date is stated on your current Policy		
If Y	ES to any of questions 3-7 above please provide full details		

Employment Practices Liability (EPL)

(Only complete this section if Employment Practices Liability cover is required)

8. The	Proposer confirms that all employees are based in the UK / Ireland.	Yes	No
hand	Proposer confirms that a contract of employment and employee dbook (which includes written employment and grievance cedures) has been issued to all employees.	Yes	No
	Proposer confirms that HR consultants or legal advisors are ays consulted to review employment terminations.	Yes	No
to e	Proposer confirms that no redundancies, terminations or changes mployee benefits have taken place in the last 12 months or are ned in the next 12 months.	Yes	No



12. Do you currently hold Employment Practices Liability (EPL) cover?	Yes No
If NO to questions 8-12 above, please provide full details.	

6. Claims

٠.			
1.	Are you, after full enquiry:		
A)			No
В)	Aware of any shortcoming in your work for a client who is likely to give rise to a claim against you? This includes:		
	i) A shortcoming known to you, but not your client, which you cannot reasonably put right?		
	ii) A complaint from your client about your work or anything you have supplied which cannot be immediately resolved?	Yes	No
	iii) An escalating level of complaint from your client on a particular project?		
	iv) A client withholding payment due to you after any complaint?		
If a	nswered Yes to any of the above, please provide full details.		
2.			
A)	Has any claim been made (whether successful or not) against you, any predecessor, any past or present principals, directors, partners?	Yes	No
B)	Has any loss been suffered by you or any predecessor as a result of the dishonesty or malice of any past or present principals, directors, partners, employees or self-employed person?	Yes	No



If a	nswered Yes to any of the above, please provide full details.	
3.	Cyber	
	he past 3 years, has the Applicant or any other person or organisation posed for this insurance experienced one or more of the following:	
•	Been served with a lawsuit or received a demand, complaint or charge alleging liability for a privacy breach, privacy injury, security breach, intellectual property infringement or reputational harm;	
•	Been the subject of any government action, investigation or proceedings regarding any alleged violation of privacy law;	
•	Notified customers, clients or any third party of any security breach or privacy breach;	
	Received any cyber extortion demand or threat;	
•	Sustained any unscheduled network outage or interruption for any reason;	Yes No
•	Sustained any property damage or business interruption losses as a result of a cyber-attack;	
•	Sustained any losses due to wire transfer fraud, telecommunications fraud or phishing fraud;	
•	A business interruption as a direct result of an unscheduled network outage or interruption of a service provider computer system; or	
•	Became aware of any other cyber security or data privacy event, incident or allegation involving or impacting your organisation? ccc	
If a	nswered Yes to any of the above, please provide full details.	
4.	Office Protect	
A)	Has any proposal for similar insurance made on behalf of you, any predecessor or any past or present principals, directors, partners ever been cancelled or declared void due to a breach of a policy condition or due to non-disclosure or misrepresentation of a material fact?	Yes No
B)	Has the Insurance cover ever been restricted or cancelled due to non-compliance with risk improvement requirements?	Yes No



C)	Have you or any predecessor, past or present principals, directors, partners made any claims or suffered any incidents that could have given rise to a claim in respect of cover given under the Office Protect section in the last three years?	Yes	No
If a	nswered Yes to any of the above, please provide full details.		
5.	Management Liability		
A)	Have there been any claims or investigations against the Proposer, its board members or employees within the last 5 years?	Yes	No
B)	Are the Proposers board members aware, after enquiry, of any circumstance or incident which may give rise to a claim or investigation under this proposed policy?	Yes	No
C)	The Proposer confirms that it has not had any employment related claims, complaints, administrative or tribunal hearings or litigation in the last 3 years.	Yes	No
If a	nswered Yes to any of the above, please provide full details.		



7. Declaration

Please read this paragraph carefully before signing the declaration

It is essential that every proposal, when seeking a quotation to take out or renew any insurance, discloses to the prospective Insurers all material facts and information (including all material circumstances) which might influence the judgement of an Insurer 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 Insurers, 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

On behalf of the Proposer/s, 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. 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 the Insurer.

Signature of principal / director / partner:	
Date:	



About Tokio Marine HCC

Tokio Marine HCC is a leading specialty insurance group conducting business in approximately 180 countries and underwriting more than 100 classes of specialty insurance. Headquartered in Houston, Texas, the company comprises of highly entrepreneurial teams equipped to underwrite special situations, companies and individuals, acting independently to deliver effective solutions. Our products and capabilities set the standard for the industry, as many of our employees are industry-leading experts.

More information about our financial strength here:



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