

Professional Indemnity

Supplementary proposal for consulting engineers



Instructions for completing this Supplementary proposal form

1. Failure to disclose all material information that is likely to influence the acceptance of the risk or the terms applied could invalidate the insurance. If you are in any doubt as to whether any information is material, it should be disclosed.
2. Where the space provided is insufficient for your replies, please provide these separately and attach to this Supplementary Proposal Form.
3. Reference to Insured in this Supplementary Proposal Form means:
 - ▼ the entity or entities named in question 1
 - ▼ the past and/or present employees or principals of the entity or entities; and
 - ▼ the directors of the entity or entities and all subsidiary entities for whom cover is required.

1. Name of all entities to be insured

2. Date that the Proposal Form to which is this is a Supplementary Proposal Form was signed and dated

3. Please state the approximate percentage of the Insured's fee income derived from the following types of engineering consulting:

(a) Civil Engineering

 %

(b) Mechanical Engineering

 %

(c) Electrical Engineering

 %

(d) Structural Engineering

 %

(e) Heating and Ventilation/Air Conditioning Engineering

 %

(f) Acoustic Engineering

 %

(g) Chemical Engineering

 %

(h) Geotechnical/Soil Engineering

 %

(i) Hydraulic/Fire Engineering

 %

(j) Plumbing Engineering

 %

(k) Environmental Engineering

 %

(l) Mining Engineering

 %

(m) Nuclear Engineering

 %

(n) Marine Engineering

 %

(o) Architecture

 %

(p) Drafting

 %

(q) Town Planning

 %

(r) Surveying

 %

(i) Land

 %

(ii) Quantity

 %

(iii) Building		%
(iv) Marine		%
(s) Interior Design		%
(t) Project Management		%
(u) Construction Management		%
(v) Supervision of Construction		%
(w) Other (please specify)		
		%
TOTAL		100%

4. Please state the approximate percentage of the Insured's fee income derived from contracts involving the following:

Individual Dwellings		%	Nuclear or Atomic Projects		%
Low Rise Buildings (up to 3 floors)		%	Oil and Gas Pipelines		%
High Rise Buildings (above 3 floors)		%	Petrochemical, Refineries, Fertilisers, Ammonia Urea Plants		%
Schools, Hospitals, Municipal Buildings and Recreational Centres		%	Petrochemical, Refineries, Fertilisers, Ammonia Urea Plants		%
Modular Buildings (involving repetitive designs)		%	Mechanical Plant and Bulk Handling equipment including silos		%
Domestic Surveying – individual dwelling set outs and boundary surveys		%	Environmental Audits		%
Small Industrial and Commercial Surveying (projects up to \$1m in value)		%	Environmental Appraisals/Impact Assessments		%
Medium Industrial and Commercial Surveys (projects from \$1m to \$5m in value)		%	Environmental Program Design (management processes and monitoring)		%
Large Industrial and Commercial Surveys (projects in excess of \$5m in value)		%	Risk and Hazard Assessments		%
Roadwork Surveys		%	Waste Disposal, Treatment or Management		%
Engineering Surveys		%	Hazardous Chemical Substances		%
Hydrographic Surveys		%	Design of Pollution Control Equipment		%
Photogrammetric Surveys		%	Contaminated Site Clean-up		%
Bridges/Tunnels/Dams		%	Social Impact Assessment		%
Mines		%	Bio Physical Studies		%
Harbours and jetties (but excluding Hydrographic Surveys)		%	Underground Storage Facilities		%
Soil Testing and Foundation Investigation (including control of earthworks)		%	Acoustic and Noise Prevention		%
Foundations and Underpinning (excluding investigation for foundations)		%	Town Planning (capital cities)		%
Sewerage or Water Systems		%	Town Planning (other)		%
Other (please specify)					
		%			
TOTAL					100%

5. Does the Insured perform any pre-purchase building inspection reports? No Yes

If Yes, please give details:

6. Does the Insured engage in manufacture, construction, erection or installation, or act as principal in connection with any contract involving manufacture, construction, erection or installation? No Yes

If Yes, what percentage of the Insured's fees relates to such contracts?

	%
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7. Has the Insured undertaken contracts in relation to which a Specific Project Professional Indemnity Insurance Policy has been arranged? No Yes

If Yes, please provide details below.

Name of project	Date of practical or expected completion	Sum insured provided under that policy	Approximate contract value of the project works

8. Does any contract or client represent more than 50% of the Insured's annual work or fees for the current financial year? No Yes

If Yes, please provide details below.

Name of client	Nature of contract	Contract value	Fees

9. Please give brief description, contract value and fees of the four largest contracts undertaken during the last five years.

Brief description	Location	Professional role i.e architect, project manager etc	Contract value	Fees

Declaration

I/We the undersigned duly authorised person(s) declare that:

- (i) I am/we are authorised by each of the Insured to sign this Supplementary Proposal Form; and
- (ii) the above statements are correct, true and complete; and
- (iii) no information material to this Supplementary Proposal Form has been withheld; and
- (iv) I/we have read the **important facts** which you have put before me/us in the Professional Indemnity Proposal Form and I/we understand the advice given in relation to the **duty of disclosure**; and
- (v) I/we have diligently made all necessary and detailed enquiries in order to comply with the **duty of disclosure**; and
- (vi) I/we understand that no insurance is in force until such time as the insurer has confirmed acceptance of the proposed insurance; and
- (vii) I/we undertake to inform the insurer of any material alteration to these facts occurring before completion of the contract of insurance; and
- (viii) I/we acknowledge that the Insurer relies on the information and representations in this Supplementary Proposal Form and otherwise made by me/us in relation to this insurance; and
- (ix) except where indicated to the contrary, I/we understand that any statement made in this Supplementary Proposal Form will be treated by the insurer as a statement made by all persons to be insured; and
- (x) I/we have read Vero Insurance’s Privacy Statement which you have put before me/us in the Professional Indemnity Proposal Form, and consent to the use, disclosure and obtaining of personal information about the Insured for the purposes shown in the Privacy Statement; and
- (xi) I/we acknowledge that this Supplementary Proposal forms part of the Professional Indemnity Proposal Form signed and dated on the date disclosed in question 2.

Signed

Name of Partner(s) or Director(s)

On behalf of*

Date