



Proposal Form

Architects' Professional Indemnity Insurance

Proposer Details

1. Name of Firm(s) _____

2. (a) Principal address, including post code

(b) Web-site address

3. Date on which the Firm was established _____

4. Please give the following details of all Partners, Directors or Principals of the Firm.

Name	Qualifications	Date Qualified	Date started as Partner/Director/Principal

5. (a) Please state the following:

	This year	Last year	Two years ago
Partners, Principals or Directors			
Qualified Technical Staff			
Non-Qualified Technical Staff			
Administrative and all other staff			

(b) During the past five years has the name been changed, any other business been purchased, any merger or consolidation taken place or has the nature of the business changed significantly?

Yes/No

If "Yes", please provide details including details of how past liabilities have been dealt with.



(c) Do you sub-contract specialist design work to specialist designers? Yes / No

If Yes please answer the following:

Do you insist that subcontractors maintain their own P.I. cover? Yes / No

What percentage of your annual income is paid to subcontractors? _____%

Please detail the activities for which you use sub-contractors

Risk Management

6. Where the Firm either designs or provides technical supervision, does the firm ensure that this work is undertaken, controlled or supervised by an individual qualified in the relevant field by one of the following professional bodies?

New Zealand Institute of Architects	Yes / No
New Zealand Institute of Surveyors	Yes / No
Builders Association of New Zealand	Yes / No
New Zealand Planning Institute	Yes / No
Institute of Professional Engineers New Zealand	Yes / No

If **No**, please provide details below:

Name	Activity	Qualification	Experience in Field

Business Activities

7. (a) Please state in the columns provided the gross fees (\$) for the last 5 complete financial years (please insert month and year)

Year					
Fee Income/ Turnover					

Financial Year End Date _

(b) Please state the estimated fee income for the next financial year \$



- (c) Please state in the columns provided the geographical percentage split of fee income

	% of Fee Income for the last complete Financial Year	Estimated % of Fee Income for the next Financial Year
Auckland		
Wellington		
The North Island (excluding Auckland/Wellington)		
Canterbury		
The South Island (excluding Canterbury)		
Other (please state countries, amounts and type of work involved on practice letterhead)		

8. (a) Please provide an estimate of the percentage of total annual fees for the last complete financial year from the following categories:

Architectural – Housing	%	Project Co-ordination	%
Architectural – Hospitals/ Nursing Homes	%	Estate Agency	%
Architectural – Schools/ Universities	%	Engineering Activities	%
Architectural – Hotels/ Recreation	%	Environmental	%
Architectural – Commercial Offices	%	Expert Witness	%
Architectural – Retail	%	Feasibility Studies	%
Architectural – Industrial	%	Management Contractor	%
Architectural – Bridges/ Tunnels/ Dams	%	Quantity Surveyor	%
Architectural – Harbours/ Jetties	%	Structural Survey/ Inspection	%
Interior Design	%	Town Planning	%
Project Management	%	Expert Witness	%
Other – please specify			%

- (b) Are any substantial changes in the percentage amounts shown above anticipated during the next 12 months?

Yes/No

If Yes please provide an explanation:

9. (a) Does any individual contract or client represent more than 50% of the total annual turnover of the Firm?

Yes/No

If **Yes**, please provide details

- (b) What percentage of turnover relates to contracts undertaken on behalf of the public sector?

_____ %



- (c) Please provide details of the five largest contracts undertaken in the past three years, or for a new business/ practice, in the forthcoming year

Client Name	Business of Client	Nature of Contract	Total Value	Income to You

Wet Building

10. (a) Has your firm been involved with the design of any of the following;

Multi-unit apartment blocks?	Yes/No
Mediterranean style dwellings?	Yes/No
Dwellings with monolithic exterior cladding? (Using stucco or fibre cement)	Yes/No
Dwellings with untreated kiln dried timber?	Yes/No

If **"Yes"** please disclose the following; Project name & location, value, completion date, number of dwellings, and primary constructions materials used.

- (b) Please provide any other information regarding your design of any buildings that may be susceptible to "leaky building" claims

Dishonesty/Fidelity

11.

- (a) Do you require to be covered for Dishonesty/Fidelity of Employees? Yes/No
- (b) Does the firm know of any fraud or dishonesty at any time of any present or former employee or partner? Yes/No

If Yes, please provide details

- (c) Are any employees allowed to sign cheques on their signature alone? Yes/No



Claims and Circumstances

Please provide detailed answers to this section otherwise we will be unable to offer terms.

12. Is any Partner, Director or Principal after inquiry aware of any claims ever having been made against the Firm(s) or their predecessors in business or any of the present or former partners, directors or principals?

Yes/No

13. Is any Partner, Director or Principal after inquiry, aware of any circumstances or occurrences which may give rise to a claim against the Firm or their predecessors in business or any of the present or former partners/directors or principals?

Yes/No

If you have answered YES to questions 13 or 14 full details of each matter must be advised before quotation can be considered. We must remind you that it is imperative to answer these questions correctly. FAILURE TO DO SO MAY PREJUDICE YOUR RIGHTS if, subsequently, a claim should arise.

Previous Coverage

14. Please give details of previous Professional Indemnity Insurance carried during the past two years (2) years:-

Period	Insurer	Limit	Excess	Premium

15. Has any proposal for Professional Indemnity Insurance made on behalf of the Firm(s) or any predecessors in the business, or present partners/directors or principals ever been declined or has such insurance ever been cancelled or renewal refused or special terms imposed?

Yes/No

If **Yes**, please advise reason(s).

Coverage Required

16. Please specify:

- (a) the limit(s) of indemnity for which quotations are required:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

- (b) the retention you would be prepared to carry:

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____



Privacy

Pursuant to the **Privacy Act** 1993 the following is brought to your attention:

- (a) This form collects personal information about the employees and partners, principals or directors of your firm.
- (b) The information is collected to evaluate the submission to AIG Insurance New Zealand Limited.
- (c) The intended recipient of the information is AIG Insurance New Zealand Limited.
- (d) The information is being collected and held by AIG Insurance New Zealand Limited).
- (e) The collection of this information is required pursuant to providing terms of your insurance cover.
- (f) You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Declaration

I/We hereby declare that the information and answers given in this proposal form are in every respect true and correct and that all information that may be material in considering this proposal form has been fully and accurately disclosed to AIG Insurance New Zealand Limited in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided if (amongst other things) any statement in this declaration is "substantially incorrect" and "material" as both those terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform AIG Insurance New Zealand Limited of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- I/We am/are obliged to advise AIG Insurance New Zealand Limited of any information which may be material to its consideration of this application. This information includes all information I/we know (or could reasonably be expected to know) which could influence the judgment of AIG Insurance New Zealand Limited whether or not to accept this application and (if it is accepted) on what terms, including cost and otherwise.
- Failure to provide any of this information may result in AIG Insurance New Zealand Limited refusing to provide the insurance.
- I/We have certain rights of access to and correction of this information.

For and on behalf of (insert name of Firm)

Signature of Principal or Director

Date

SIGNATURE OF THIS FORM DOES NOT BIND THE FIRM OR THE INSURER TO COMPLETE THE INSURANCE

AIG Insurance New Zealand Limited



Bring on tomorrow

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