



THE NEW INDIA ASSURANCE CO. LTD.
P.O. BOX 2907, Ruwi, PC:112
Sultanate of Oman

PROPOSAL FORM FOR PROFESSIONAL INDEMNITY INSURANCE FOR
ARCHITECTS AND ENGINEERS (SINGLE PROJECTS)

I.General Data :

1. Name of Firm:
2. Address of head office:
3. Address of branch office(s) and name of resident partern(s)
4. When was the firm established?
5. Details of all practicing principals or partners:

Name	Qualification s, total of professional experience	Position held in company & how long
.....

6. Total number of principals, partners & staff:

- Principals, partners or officers
- Other qualified Engineers
- Qualified Architects
- Surveyors
- Draughtsmen
- Other qualified staff (please specify)
- Trainee staff (please specify)
- Total non-technical/ administration staff.

7. Do you give work to independent firms (Sub Contractors) and/ or specialists? If so, please state kind of work and percentage of fees. (The professional liability of such independent firm is not covered under the proposed policy)

8. Are you in any way connected with the principal of the project and/or with contractor(s)?

II. Nature of your activities:

1. Which of the following areas in your firm involved in ?

- Civil Engineering
- Structural Engineering
- Electrical Engineering
- Chemical Engineering
- Soil Engineering
- Others, not shown (please specify)

2. In what type of projects in your firm specialized? Please specify.

3. List some of the largest and typical jobs performed by your firm during the last five years (brief description including values and fees).

III. General questions regarding project:

1. Name of Principal
2. Main Contractor/consortium
3. Nature and purpose of project
4. Location of project (place, country)
5. Total contract values
6. How much of total sum refers to the building structure?
7. How much are your fees?

IV. Nature of your work/responsibility/period

1. Nature of your work (give detailed description including special methods and technologies as well as hazardous factors)
2. Your responsibility (e.g. design and/or supervision)
3. Commencement and duration of your work
4. Commencement and duration of construction work
5. Probable date of handling over
6. Period of your liability/statutory limitation

V. Technical Details

1. Soil conditions
2. Ground-water conditions
3. Nature of foundations

VI. Surrounding property, Please give a description of sites in the neighborhood with details of existing building or surrounding property affected by contractors works such as excavation, underpinning, piling, vibration or ground-water lowering.

VII. Insurance/claims experience

1. Are you protected by an annual professional indemnity insurance policy? If so please advise:
 - Insurance Agency and
 - Limit of Indemnity
2. Number and volume of claims during the last 5 years.

VIII. Indemnity required:

1. Limit any one accident and in the aggregate
2. Deductible each and every claim to be borne by Insured

IX. Scope of Coverage:

1. Design only, supervision only or design & Supervision
2. Loss of documents with a limit of
3. Libel & slander with a limit of
4. Dishonesty of employees. If so, please answer
 - Has the firm sustained any loss through the fraud or dishonesty of any employee?
 - Is any employee allowed to sign cheques without Countersignature by a partner and up to what amount?
5. Third party liability:
6. Other extension :.....(specify)

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated 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 affected thereon.

Signing this proposal form does not bind the proposer of Company to complete this insurance.

Date this Day of Year.....

For an on behalf of

Signature of partner or principal.....