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Registration Number: C5553



## Professional Indemnity Insurance Proposal Form Electrical and Mechanical Engineers

**Note:** This Proposal must be completed in full by a Partner of the Firm. Unless the Proposal is fully completed a firm Quotation cannot be given. The completion and signature of this Proposal does not bind the Proposer or underwriters to complete a Contract of Insurance.

If there is insufficient space to answer questions please use an additional paper and attach it to the form (PLEASE INDICATE SECTION NUMBER).

| <b>I. General Data</b>  |  |
|---|--|
| 1. Name of Proposer   |  |
| 2. Address of head office   |  |
| 3. Address of branch office(s) and name(s) of resident partner(s) |  |
| 4. Telephone Number   |  |
| 5. I.D. Card Number / Company Registration Number                 |  |
| 6. Please state date of graduation                                |  |
| 7. When was the firm established?                                 |  |

|  |  |  |
|--|--|--|
| <p>8. During the past five years, has the name of the firm been changed or has any other firm been purchased or any merger or consolidation taken place?</p> <p>If so, give full details.</p>  | <p>Yes    No</p>   |  |
| <p>9. Details of all practicing principals or partners</p>   |  |  |
| <p>Names</p>   | <p>Qualifications, dates qualified/total duration or professional experience</p> | <p>Position held in company and how long</p> |
| <p>10. Total number of principals, partners and staff</p> <p>Technical:</p> <ul style="list-style-type: none"> <li>- Principals, partners or officers</li> <li>- Other qualified engineers</li> <li>- Other qualified staff (please specify)</li> <li>- Trainee staff</li> </ul> <p>Total non-technical/administration staff</p> | <p>Numbers</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>               |  |
| <p>11. Have you or any Partners ever been subject to professional disciplinary action?</p> <p>If so, give details</p>  | <p>Yes    No</p>   |  |
| <p>12. Have you recently discharged any of the staff or severed relationships with any Partner or is such discharge or severance being contemplated?</p> <p>If so, give details</p>  | <p>Yes    No</p>   |  |
| <p>13. Do you give work to independent firms, subcontractors and/or specialists?</p> <p>If so, please state kind of work and percentage of fees.</p> <p>(The professional liability of such independent firms is not covered under the proposed policy).</p>   | <p>Yes    No</p> <p>_____ %</p>  |  |

|  |  |                          |                                |
|--|--|--------------------------|--------------------------------|
| 14.  | When engaging independent and specialist consultants in connection with any contract, do you ensure that such consultants have entered into a binding contract with the clients accepting full responsibility for their own professional acts, errors and omissions? | Yes                      | No                             |
| 15.  | Are you financially connected with a client?<br><br>If so, state name of client  | Yes                      | No                             |
| 16.  | Does any one contract or client generate more than 25% of the total annual fees?<br><br>If so, give details  | Yes                      | No                             |
| <b>II. Nature and volume of your present and foreseeable future activities</b> |  |                          |                                |
| 1.   | In which of the following professions is your firm engaged?<br><br>a) Mechanical Engineering<br>b) Electrical Engineering<br>c) Others, not shown (please specify)   | <input type="checkbox"/> | <input type="checkbox"/>       |
| 2.   | Contract values and fees   | <input type="checkbox"/> | <input type="checkbox"/>       |
|  |  | Past financial year      | Current financial year         |
|  | a) Construction values   |                          | Estimate coming financial year |
|  | b) Gross fees received/<br>Gross Annual Earnings   |                          |                                |
| 3.   | List the five largest contracts / projects performed by your firm during the last seven years (brief description including values and fees).   |                          |                                |

|   |                 |               |                    |                                     |
|---|-----------------|---------------|--------------------|-------------------------------------|
| <b>III. Further activities</b>  |                 |               |                    |                                     |
| 1. Do you act as a project manager or main contractor?  |                 |               |                    | Yes    No                           |
| 2. Are you an agent for goods used for engineering works or do you obtain commission from the sale or distribution of such goods?<br><br>What goods?  |                 |               |                    | Yes    No                           |
| 3. Do your activities include giving expert opinions?<br><br>Also for local and state authorities?  |                 |               |                    | Yes    No<br>Yes    No              |
| <b>IV. Previous insurance/previous claims</b>   |                 |               |                    |                                     |
| 1. Have you previously been insured?<br><br>If so, please specify:  |                 |               |                    | Yes    No                           |
|   | Name of insurer | Policy period | Limit of indemnity |                                     |
| 1.  |                 |               |                    |                                     |
| 2.  |                 |               |                    |                                     |
| 3.  |                 |               |                    |                                     |
| 4.  |                 |               |                    |                                     |
| 5.  |                 |               |                    |                                     |
| 2. Has a previous application been declined?<br><br>Has a previous insurance<br>a) required increased premium?<br>b) required special restrictions?<br>c) been terminated/not been renewed by an insurer?<br><br>If so, please give detailed information. |                 |               |                    | Yes    No<br>Yes    No<br>Yes    No |
| 3. Have any claims been made during the past five years against your firm?<br><br>If so, please advise amount and details of each claim.  |                 |               |                    | Yes    No                           |

|  |  |
|--|--|
| <p>4. Is your firm aware of any circumstances or incidents which may result in a claim or claims against your firm?</p> <p>If so, please give details</p>  | <p>Yes    No</p>                                   |
| <p><b>V. Indemnity required</b></p>  |  |
| <p>1. Limit any one claim</p>  |  |
| <p>2. Aggregate Limit</p>  |  |
| <p>3. Deductible each and every claim to be borne by insured</p>   |  |
| <p><b>VI. Extension to basic cover</b></p>   |  |
| <p>1. Retroactive Cover<br/>If so, indicate number of years<br/>(maximum number of years – 5 years)</p>  | <p>Yes    No</p>                                   |
| <p>2. Loss of documents</p>  | <p>Yes    No</p>                                   |
| <p>3. Libel and slander</p>  | <p>Yes    No</p>                                   |
| <p>4. Dishonesty of Employees</p> <p>If so, please answer the following questions:</p> <p>a) Has the firm sustained any loss through fraud or dishonesty of any employee?</p> <p>b) Is any employee allowed to sign cheques without countersignature by a partner?</p> | <p>Yes    No</p> <p>Yes    No</p> <p>Yes    No</p> |

**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 effected thereon.**

**Signing this proposal form does not bind the proposer or underwriter to complete this insurance.**

**Dated this                      day of**

**For and on behalf of**

\_\_\_\_\_  
**(insert name of firm)**

**Signature of partner or principal**

\_\_\_\_\_

**Please attach a brochure concerning your firm.**

Middlesea Insurance p.l.c. is a company authorised under the Insurance Business Act 1998 to carry on both Long Term and General Business.