

# Proposal Form

## CIAT NB 0216



PLEASE ADVISE:

1. Name(s) of proposed practice(s)

Date(s) established

2. Address of principal office  
(Please list any others by Town  
and/or Country)

Partner Contact

Telephone  
Number

E-mail

Fax  
Number

3. a) Please advise the current membership status of the principal proposer

Chartered (MCIAT)  Professional Architectural Technician (TCIAT)  Profile Candidate  Associate  Student

b) CIAT individual membership numbers:

Name

Membership Number

c) CIAT practice membership number:

4. Partners/Directors/Principals (please continue on a separate appendix sheet if necessary)

Full Name

Age

Professional  
Qualifications

Date Qualified

Number of years as a  
partner/director etc

5. Number of staff (excluding persons in Q.4 above)

Qualified/Consultants

All Others (including Self Employed/Contract Hire)

6. Does the practice have ISO9001 Accreditation or similar?

Yes  No

Has the practice received any Industry Awards?

Yes  No

If you've answered 'yes' to this question, please provide details below

7. Have there been any material changes or any amalgamations or acquisitions during the past six years?

Yes  No

If you've answered 'yes' to this question, please provide details below

8. Does the practice or any Partner/Director or Principal provide services to any partnership, company or organisation in which they are able to make a major policy decision on behalf of such partnership, company or organisation?

Yes  No

If you've answered 'yes' to this question, please provide details below



9. Please advise details of your current insurance arrangements below. If none, please state "none".

Limit of Indemnity	Policy Excesses	Insurer	Renewal Date	Current Premium
£	£			£

10. QUOTATIONS REQUIRED:

Limit of Indemnity	£	£	£
Excess(es)	£	£	£



11. Please state gross fees (including those paid to subcontractors) payable by clients for work undertaken

	Last year	Previous year	Forthcoming year (estimated) for new and existing practices
a) in the UK	£	£	£
b) elsewhere excluding USA/ Canada	£	£	£
Totals	£	£	£

PLEASE STATE THE DATE OF YOUR FINANCIAL YEAR END:

**PLEASE REFER TO CIAT INSURANCE SERVICES IF ANY WORK IS UNDERTAKEN IN USA/CANADA.**

12. Does the practice undertake any contract which involves the business/practice or its sub-contractors in manufacture, construction, erection or installation, supply of materials, plant, goods or equipment? Yes  No

If you've answered 'yes' to this question, please state what proportion of fees declared relate to such contracts

%

13. Please advise the approximate split of your gross fees received for your last complete financial year (or anticipated split of your gross fees for the forthcoming year if this is a new practice)

	a) in Eire	b) elsewhere excluding USA/ Canada
ARCHITECTURE	%	%
INTERIOR DESIGN - NON-STRUCTURAL	%	%
INTERIOR DESIGN - STRUCTURAL	%	%
QUANTITY SURVEYING	%	%
CDM CO-ORDINATOR	%	%
PLANNING & DEVELOPMENT	%	%
TOWN PLANNING	%	%
PROJECT CO-ORDINATION	%	%
PROJECT MANAGEMENT	%	%
SETTING OUT	%	%
BUILDING SURVEYING	%	%
LAND SURVEYING	%	%
LANDSCAPE ARCHITECTURE	%	%
FEASIBILITY STUDIES/ABORTIVE WORK	%	%
EXPERT WITNESS	%	%
SUB CONTRACTORS WITH THEIR OWN PI INSURANCE	%	%
OTHER (Please specify in the box provided)	%	%
TOTAL	%	%



14. Please advise the approximate percentage of your work carried out during your last complete financial year applicable to the following projects (or anticipated for the forthcoming year if this is a new practice)

Individual Dwelling	%	Low Rise Multiple Dwellings/Housing Associations	%
High Rise Multiple Dwellings	%	Modular Dwellings	%
Hospital/Medical	%	Nursing Homes	%
Schools/Universities/Churches/Ecclesiastical	%	Leisure Centres/Sport/Swimming Pools	%
Retail/Hotels/Offices/Commercial Properties	%	Power Plants/Refineries/Petrochemical Installations	%
Manufacturing & Mechanical Plants/Bulk Handling	%	Industrial Buildings	%
Foundations/Underpinning	%	Roads/Highways	%
Bridges/Tunnels	%	Nuclear/Atomic	%
Railways/Airports	%	Dams/Mines/Offshore/Harbours/Jetties	%
Sewage/Water Schemes	%	Other (Please specify)	%

15. Please state the five largest contracts where construction has been started during the last **FIVE** years.

START DATE	END DATE	BRIEF DESCRIPTION	TOTAL CONTRACT VALUE	FIRM'S CONTRACT VALUE	FIRM'S FEE
			£	£	£
			£	£	£
			£	£	£
			£	£	£
			£	£	£

16. Has any claim been made against the Proposer or any predecessor in business or any partner, director, principal or consultant for neglect, error or omission in relation to professional duties (Please continue on a separate appendix if necessary)? Yes  No

Date of claim or loss	Brief details of each claim or loss	Cost (if any) of claim paid or loss incurred	Estimated outstanding cost
		£	£
		£	£
		£	£

17. Is any partner, director, principal or consultant, after enquiry aware of any circumstances which might:

a) give rise to a claim against the Proposer or any predecessors in business or any of the present or former partners, directors or principals? Yes  No

b) result in the Proposer or any predecessors in business or any of the present or former partners or principals incurring any losses or expenses which might be within the terms of this cover? Yes  No

c) otherwise affect the Company's consideration of this insurance? Yes  No

If you've answered 'yes' to this question, please provide details including maximum potential cost (by separate note if preferred)

18. Are there any other material facts or comments that you would like to make in relation to your proposal for insurance? Yes  No

If you've answered 'yes' to this question, please provide details below

**DECLARATION**

**I/We declare that the above statements and particulars are true and I/we have not suppressed or misstated any material facts.**

**I/We agree that this Professional Risk Profile, together with the practice profile and any other information supplied by me/us shall form the basis of any subsequent contract of insurance between me/us and the Company. We undertake to inform the insurer of any material alteration to these facts occurring before completion of the Contract of Insurance.**

Signed:  Partner/Director/Principal Date:

For and on behalf of: